Form 3160-5 (November 1983)	UNITED STATES	SUBMIL IN TRIPLICATES	Expires August 31.						
(November 1983) (Formerly 9–331)  DEPARTMENT OF THE INTERIOR (Other instructions on re- BUREAU OF LAND MANAGEMENT -			5. LEASE DESIGNATION AND SERIAL NO.  LC-062529A  6. IF INDIAN, ALLOTTEE OR TRIBE NAME						
					(Do not use this form for	NOTICES AND REPORTS proposals to drill or to deepen or plui PLICATION FOR PERMIT—" for such	g back to a different reservoir.	d. If Indian, Adamies de	
1.			7. UNIT AGREEMENT NAME						
OIL GAS OTHER			Todd Lower S A Unit. Sec.25						
2. NAME OF OPERATOR	VENT OPER LEING COMPA	132	S. FARM OR LEASE NAME						
	LEUM OPERATING COMPA	NI	9. WELL NO.						
415 W. WALL, SUITE 1000 MIDLAND, TX 79701			16						
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  Unit Letter P, 660' FSL & 660' FEL			10. PIELD AND POOL, OR WILDCAT						
			Todd Lower S A Assoc  11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA  Sec. 25, T7S, R35E						
					14. PERMIT NO.	15. ELEVATIONS (Show whether		12. COUNTY OR PARISH 13.	
						41:	51 GL	Roosevelt	NM
					16. Chec	k Appropriate Box To Indicate	Nature of Notice, Report, or O	ther Data	
NOTICE OF	INTENTION TO:	BUBSEQU	ENT REPORT OF:						
	PCLL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	. []					
FRACTURE TREAT	MULTIPLE COMPLETE	PRACTURE TREATMENT	ALTERING CASING	\—\					
SHOOT OF ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	*THE MUDDINGEA						
REPAIR WELL	CHANGE PLANS	(Other)	- <del>- , , , </del>						
(Other)		(Nors: Report results Completion or Recomple	of multiple completion on Vetion Report and Log form.)	Well					
2. Cut and recover approach 3. Set 10 ex plug at TO  4. Set 10 ex plug at surf 5. Set surface plug with	oximately 3500' of 4-1/2" casin  130' cmt. plug & face csg shoe @ 272'. Hex, marker minimum 50 cm	entered on slut, rag pt 100'cmt plug 72 = 222' tag, t. plug							
API No. 30-041-10406	7 2 2 2 2036 - 1916	5							
* additional com	it. plug, 2035'-1914	•	JAN3 1 1994						
		,	***************************************	- 1					
		:	*						
			MEW MEX	ુ/					
			A NEW MES						
18. I hereby certify that the foreg	roing is true and correct								
.//	Mustand TITLE	Administrative Assistan	DATE Jan. 28, 19	994					
(This space for Federal or St	ate office use)		1						
APPROVED BY	TITLE		DATE						
CONDITIONS OF APPROVAL	L IF ANY:		;						
approveda	o modifico.		FEB 1	ı füst					