P. O. EOX 1980 HOBBS, NEW MEXICO 88240

TYPE OF ACTION

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease	Designation	and	Serial	No.
ΝM	51837			

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals	If Indian, Allottee or Tribe Name 7. If Unit or CA, Agreement Designation		
SUBMIT IN TRIPLICATE			
I. Type of Well X Oil Gas Well Other Other	8. Well Name and No.		
2. Name of Operator Matador Operating Company	V. G. Kinahan Fed #1 9. API Well No. 30-005-00504		
3. Address and Telephone No. 415 W. Wal, Ste 1101, Midland, Texas 79701 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	10. Field and Pool, or Exploratory Area Cedar Point Wolfcam		
660 FSL; 1980 FEL Sec. 20-T15S-R-30E	Chaves, NM		
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA		

TYPE OF SUBMISSION		
Notice of Intent	Abandonment X Recompletion	Change of Plans New Construction
X Subsequent Report	Plugging Back Casing Repair	Non-Routine Fracturing Water Shut-Off Conversion to Injection
Final Abandonment Notice	Altering Casing Other	Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
Constant Operations (Clearly state all D	ertinent details, and give pertinent dates, including estimated	date of starting any proposed work. If well is directionally drilled

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

12-27-93:

Correction to Sundry Notice dated 12-23-93 Work will not commence as previously reported.

Shut down for evaluation of source and remediation

of water entry.



14. I hereby certify that the foregoing is true and correct Signed See M. Came	Title Exec	utive Vice P	resident.	Date _	12-27-93
(This space for Federal or State office use) Approved by Conditions of approval, if any:	Title	IAN 7	304	Date _	
		V	<u> </u>		Carisians or fraudulent statement