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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.
SUNDRY NOTICES AND REPORTS ON WELLS			NIM 044]]
Do not use this	6. If Indian, Allottee or Tribe Name		
	7. If Unit or CA, Agreement Designation		
1. Type of Well X Oil Ga	8. Well Name and No.		
2. Name of Operator Charles B.	Hamilton Federal No. 2		
Charles B. 3. Address and Telepho	30-025-31767 10. Field and Pool, or Exploratory Area		
P. O. Box 8 Midland, TX 79702 (915) -683-1765 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL & 725' FEL WMF P			E. Big Dog Strawn 11. County or Parish State
Section 33, T-15-S, R-35-E			11. County of Farishy State
12. CHEC	K APPROPRIATE BOX	s) TO INDICATE NATURE OF NOTICE, REPOR	│ Lea County, New Mexico RT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION			
L Notice	ce of Intent	Abandonment	Change of Plans
Subsequent Report		Recompletion Plugging Back	New Construction Non-Routine Fracturing
Final Abandonment Notice		Casing Repair Altering Casing Other Intermediate Casing and BOP Test.	Water Shut-Off Conversion to Injection Dispose Water (Note Report results of multiple completion on Well
13. Describe Proposed or give subsurface l	Completed Operations (Clearly state allocations and measured and true vertice	Il pertinent details, and give pertinent dates, including estimated date of starting cal depths for all markers and zones pertinent to this work.)*	Completion or Recompletion Report and Log form.) any proposed work. If well is directionally drilled
11/01/92:	Drilled 11" hole cemented with 122 1 lb/sx Gilsonite	to 4610'. Pan 110 jts. 8 5/8" 32# J-5 5 sx Class "C" 35/65 Poz cement contai followed by 200 sx Class "C" cement c Da.m. 11/01/92 with 2000# maximum purp	ning 3 lbs/sx salt and ontaining 1% CaCla.
11/02/92:	tested okay. Test	hrs. Tested blowout preventers and a ted 8 5/8" casing to 1000 psi for 30 mg 7 7/8" hole at 5:00a.m. 11/02/92.	ll valves to 3000 psi, inutes, tested okay.
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14. I hereby certify that t	he foregoing is true and correct WM R. C.M.A.	Title Exploration Manager	
(This space for Federal	al or State office use)		
Approved byConditions of approva	al, if any:	Title	Date