Form 3160-5 (June 1990)

UNITED STATES

N. OIL CONS. COMMISSION P.O. BOX 1980 FORM APPROVED

DEPARTME BUREAU OF	NT OF THE INTERIOR	OBBS, NEW MI	XICOu88240 No. 1004-0135
BOKEAU OF	LAND MANAGEMENT		Expires: March 31, 1993 5. Lease Designation and Serial No.
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 each page.			NMLCO6 > 230
			6. If Indian, Allottee or Tribe Name
Use "APPLICATION FO	OR PERMIT—" for such proposals	rerent reservoir.	
SUBMI	T IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well Oil Well Well Other 2. Name of Operator			
.00			8. Well Name and No.
3. Address and Telephone No.		4	9. API Well No.
12222 Merit Drive	Suite 1500 Dallac	Tv 75251	3C OS - 7570
NWY SE IN V. 3	Description)	17 7 3001	10. Field and Pool, or Exploratory Area
12222 Merit Drive Suite 1500 Dallas TX 75251 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) NWY SEY Se 3 T195 R 32 E NMPM			LUSK BON- Speings F
1990/5	+ 1730/E		11. County of Parish, State
	,		LEA N. Mex
CHECK APPROPRIATE BOX	s) TO INDICATE NATURE OF N	OTICE PEROPI	T OF OTHER
TYPE OF SUBMISSION			I, OR OTHER DATA
Notice of Intent		YPE OF ACTION	
partition of Intellig	Abandonment		Change of Plans
Subsequent Report	Recompletion		New Construction
_	Plugging Back		Non-Routine Fracturing
Final Abandonment Notice	Casing Repair		Water Shut-Off
	Altering Casing	11.1	Conversion to Injection
	Other Templerage		Dispose Water
13. Describe Proposed or Completed Operations (Clearly state all give subsurface locations and measured and true vertical control of the cont	pertinent details, and give pertinent dates including		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
give subsurface locations and measured and true vertice	d depths for all markers and zones pertinent to this	work.)*	y proposed work. If well is directionally drilled,
Due to Drilling & C.	empletion of delaw	per wells	in ARTA
meeit wisheto TaA	well for Adili	and 2 1124	105 (
offset Activity to b.		111 - g 14	~~> F0R
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		" PERIOD	**************************************
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			[7]
			
			- Carlotte
I hereby carrify sheeth			
1. I hereby certify that the foregoing is true and correct			
Signed Municipality	Title Operations Sero	#	1/ 00 0/
(This space for Federal or State office use) Approved by	parties of		Date
Approved by	ARA PETEN HI	M ENGINEER	
Conditions of approval, if any:	Title	- FIABILIECA	Date 11-20-95