	INTERIOR	OF COPIES REQUIRED (Other Institutions of Copies (Other Institutio	o hannigonia	160HA NO SERIAL NO	<u> </u> -
SUNDRY NOTICES AND RE (Do not use this form for proposals to drill or to deepe Use "APPLICATION FOR PERMIT-" for:	EPORTS O	P. O. BOX 191 N WELL\$ OBBS. NEW o a different reservoir.		LOTTEE OR TRIBE NAM	E
OIL X GAS OTHER			7. UNIT AGREEM	ENT NAME	
NAME OF OPERATOR			8. FARM OR LEA	SE NAME Federal #57	
ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-	1810	3a. AREA CODE & PHONE NO. 915-688-6800	9. WELL NO.	ederal 4504	
LOCATION OF WELL (Report location clearly and in accordance also space 17 below.) At surface			10. FIELD AND PO Mescalero 11. SEC., T., R., I	Escarpe (Bon	e \$
60' FSL & 610' FEL			SURVEY OF	RAREA	
	(Show whather Df	F, RT, GR, etc.)	12. COUNTY OR P		
Check Appropriate Box	To Indicate	Nature of Notice, Rep	 		
TEST WATER SHUT-OFF PULL OR ALTER CASING FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING	_	RING CASING DONMENT*	
posed work. If well is directionally drilled, give subsurwork.)* -17-93 - MIRU. TIH to 8804'. Pmp 75 bbls -18-93 - Perforate Bone Spring 8644-874 -19-93 - TIH w/pkr on prod. tbg. set @80 -21-93 - Pmped 330 qls Pro-00138 w/60	nface locations and s hot wtr do 42'. Acdz w 067'. Swab	Completion or Reco	the for all markers and the state of the sta	tion on Well Log form.) ate of starting any p and zones pertinent to omatic.	orth
(Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stapposed work. If wall is directionally drilled, give subsur	nface locations and s hot wtr do 42'. Acdz w 067'. Swab	(NOTE: Report result Completion or Recollectails, and give pertinent dates, is discovered and true vertical depition of the complete of the co	mpletion Report and including estimated daths for all markers and 1725 gls AE aro	tion on Well Log form.) ate of starting any p and zones pertinent to omatic.	iro- o thi
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