Form 3160-5 (June 1990)

UNLIED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. Oil Cons. Division P.O. Box 1980 5. Lease Designation and Serial No.

FORM APPROVED Budget Bureau No. 1004-0135

Expires: March 31, 1993

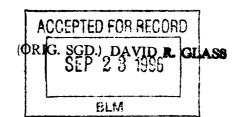
	201				Hobbo NIM 99241	INM	61604
SUNDRY	NOTICES	AND	REPORTS	ON	WELLS Hobbs, NM 88241	6.	If Indian.

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

If Indian, Allottee or Tribe Name

Use "APPLICATION FOR F			
SUBMIT	7. I	f Unit or CA, Agreement Designation	
1. Type of Well X Oil Gas Other	8. Well Name and No. South Corbin # 3 Federal 9. API Well No. 30 -025-31513 10. Field and Pool, or exploratory Area		
554' FSL & 554' FEL Sec. 20, T18S, R33E	11. County or Parish, State Lea NM		
12. CHECK APPROPRIATE BOX(s) TYPE OF SUBMISSION) TO INDICATE NATURE OF NOTICE, REPORT, TYPE OF ACTION	OR C	OTHER DATA
Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other Facility Diagram	(Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water lote: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
3. Describe Proposed or Completed Operations (Clearly state all	l pertinent details, and give pertinent dates, including estimated date of startitical depths for all markers and zones pertinent to this work.)*	ing any	proposed work. It well is directionally drill

Please find attached a current site facility diagram.



14. I hereby certify that the foregoing is true and correct Signed	Regulatory Compliance	
(This space for Federal or State office use) Approved by Conditions of approval, if any:	Title	Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.