Submit to Appropriate District Office State Lease — 6 copies Fee Lease — 5 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101 Revised 1-1-89

Surface

State Lease — 6 copies Fee Lease — 5 copies	OH C		N DIVICION			
DISTRICT I P.O. Box 1980, Hobbs, NM	88240	CONSERVATIO P.O. Box 208	8	WLI 140' (assigned by OCI	0 on New Wells) 5-31697
DISTRICT II P.O. Drawer DD, Artesia, N		inta Fe, New Mexico	8/304-2088	5. Indicat	e Type of Lease ST	ATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Azteo	c, NM 87410			6. State C	oil & Gas Lease I VB-97	No.
APPLICAT	ION FOR PERMIT TO	O DRILL, DEEPEN, C	R PLUG BACK			
la. Type of Work:				7. Lease	Name or Unit Ag	reement Name
DRILL b. Type of Well: OIL GAS WELL X WELL	RE-ENTER OTHER	DEEPEN SINGLE	PLUG BACK MULTIPLE ZONE		isow SON STAT	E
2. Name of Operator CHI OPERATI	NG, INC.			8. Well N	2	
3. Address of Operator				9. Pool n	ame or Wildcat	
P. O. BOX	1799, MIDLAND,	TX 79702		BUFF	ALO QUEEN	
4. Well Location Unit Letter K	: 2310 Feet Fr	om The SOUTH	Line and 21	00 Fe	eet From The	WEST Line
Section 32	Townsh	up 18-S Ran	nge 33-E	NMPM	LEA	County
		10. Proposed Depth 4,800'	1	1. Formation QUEE	N	12. Rotary or C.T. ROTARY
13. Elevations (Show whether		4. Kind & Status Plug. Bond \$50,000. BKT.	15. Drilling Contract L & M DR	ctor ILLING CO		Date Work will start ember 1, 1992
17.	PR	OPOSED CASING AN	ND CEMENT PRO	GRAM		
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	H SACKS	OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	3351	3	50	Surface

It is proposed to drill this well to a TD of 4800° and test the Queen Formation.

4,800'

5 1/2"

15.50#

The blowout prevention program is as follows:

BOP is a 10" Camron SF Space Saver with double hydraulics.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.	IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRO	DUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE
I hereby centry that the isoformation above is true and complete to the best of my kn	owledge and belief.	DATE 8/24/92
TYPE OR PRINT NAME DAVID H. HARRISON		915 TELEPHONE NO. 685-5001
(This space for State INAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR APPROVED BY	TILE	AUG 25 '92
CONDITIONS OF A PRODUCT OF ANY.		

1,250

Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

CRIT OPERATING INC. Section Section Township Range Sales Sa			All Dis	stances must be		boundanes	of the section		
Socion Township Range 32 18 SOUTH 33 EAST NAMM LEA COUNTY, NH Footage Location of Well: 2310 feet from the SOUTH line and 2100 feet from the WEST line 16 teet Flow. Producing Formation Pool 3732.5 QUEEN BUFFALO QUEEN LOCATION Pool BUFFALO QUEEN LOCATION Acres 1. Outline the acreage dedicated to the subject well by colored pencil or hackure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and idealify the convership thereof (both as to working interest and rayalty). 3. If more than one lease of different consensity is dedicated to the well, have the interest of all owners been consolidated by communication, force-pooling, etc.? If sanwer is 'no' list the movem and tract descriptions which have actually been consolidated. (Use revene side of that form if necessary. No silvenable will be assigned to the well until all interests have been consolidated. (Use revene side of that form if necessary. No silvenable will be assigned to the well until all interests have been consolidated. (Use revene side of the form of necessary. No silvenable will be assigned to the well until all interests have been consolidated. (Use revene side of the form of necessary. No silvenable will be assigned to the well until all interests have been consolidated. (Use revene side of the form of necessary. No silvenable will be assigned to the well until all interests have been approved by the Division. OPERATOR CERTIFICATION I hereby certify that the signer contained herein in true and complete in the start of the part was plotted from field not on this part was	erator				Lease				Well No.
FOOLIGIE LOCATION OF Well: 23 10 feet from the SOUTH line and 2100 feet from the WEST line direct Elev. Producing Formation 3732.5 QUEEN 1. Outline the acreage dedicated to the subject well by colored pencil or hashure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and ideatify the ownership thereof (both as to working interest and rayalty). 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, forecepting, etc. 1. If more than one lease of different ownership the respective to the well fave the interest of all owners been consolidated by communitization, the content and transferred to the well with a save time and transferred to the well to the solid pen opposite the form if necessary. 1. We see No. If answer is "yes" type of consolidation of the form if necessary. 1. We see No. If answer is "yes" type of the solid pen opposite date of this form if necessary. 1. We allowable with the assigned to the well until all interests have been consolidated (the reverse side of this form if necessary). 1. We see No. If answer is "yes" type of the pen opposite the pen of t						N STATE			2
Pool South	it Letter Sec				Range			County	
Producing Formation			18	SOUTH	33 E	AST	NMP	M LEA	COUNTY, NM
Section Producing Formation Pool BUFFALO QUEEN Dedicated Acreage: 3732.5 QUEEN 40 Acres	tual Footage Location	of Well:							
Acres 1. Outline the arreage dedicated to the subject well by colored pencil or hachure mirks on the plat below. 2. If more than one lease is dedicated to the well, outline each and ideatify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, force spooling, etc.? Yes No If narwer is "yes" (type of consolidation If arrewing the consolidated (Use reverse side of this form if necessary). No allowable with exastigated to the well until all interests have been excessificated (by communitization, untilization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. OPERATOR CERTIFICATION I hereby certify that the information of my boundaries and brief the properties of the owner in the plant was pictured from field not contained herein in frue and complete in the straight of my boundaries and brief. Signature DAVID H. HARRISON Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location as on this plan was pictured from field not calcular surveys made by me or and calcular surveys made b	2310 _{feet}	from the	SOUTH	line and	2100		feet fro	m the WEST	C line
1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, force-pooling, force-pooling, force-pooling, or otherwise). 1. Army of this the owners and tract descriptions with have actually been consolidated. (Use reverse side of this form if necessary. 1. No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. 1. OPERATOR CERTIFICATION 1. Interest, certify, that the adjoint contained herein in one and complete in best of my knowledge and belief. 2. If more than one lease is dedicated to the well until all interest, has been approved by the Division. 2. If more than one lease is dedicated to the well, which have actually been consolidated by communitization, untilization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. 2. If more than one lease is dedicated to the well, have been consolidated (by communitization, untilization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. 2. If more than one lease is dedicated to the well, have been consolidated (by communitization, untilization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. 2. If more than one lease is dedicated to the well all the such consolidated (by communitization, untilization, forced-pooling, or otherwise) or until a non-standard unit, elimination of the such consolidation of the such	und level Elev.	Producin	g Formation		Pool				
1. Cuttine the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, cet.? Yes	3732.5	Q	UEEN		BUFF	ALO OUEE	:N		40 4000
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and mystry). 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.? Yes	1. Outline the	acreage dedicated	I to the subject w	ell by colored per					. Acres
unitization, force-pooling, etc.? Yes No If answer is "yes" type of consolidation If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if accessary. No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. OPERATOR CERTIFICATION I hereby certify that the information in true and complete to best of my knowledge and belief. Signature				•		•		king interest and	royalty).
Yes				is dedicated to the	well, have the	interest of all	owners been con	solidated by com	munitization,
this form if neccessary. No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. OPERATOR CERTIFICATION I have been consolidated for until a non-standard unit, eliminating such interest, has been approved by the Division. OPERATOR CERTIFICATION I have perify that the signmun printed have been of my knowledge and belief. Signature Printed Name DAVID H. HARRISON Position PRESIDENT Company CH1 OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATIO! I hereby certify that the well location a on this plat was plotted from feld not actual surveys made by me or until a survey made by me or until a non-standard surveys made by me or until a non-standard printer and a non-standard development of the standard printer and a non-standard development of the standard development o	☐ Ye	;	No If a	answer is "yes" ty	e of consolidati	on			
No allowable will be satigned to the well until all interests have been consolidated (by communitization, unitization, uni	If answer is "n	o" list the owner	and tract descri	ptions which have	actually been c	onsolidated.	(Use reverse side	of	
OPERATOR CERTIFICATION I hereby certify that the inform contained herein in true and complete to best of my knowledge and belief. Signature Printed Name DAVID H. HARRISON Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location a on this plat was plotted from field not actual surveys made by me or unde supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AllCHIST 21, 1992 Signature Sal W. Experiments MEX. MEX			- Ab 11				•••		
OPERATOR CERTIFICATION I hereby certify that the inform contained herein in true and complete to best of my knowledge and belief. Sifnature Printed Name DAVID H. HARRISON Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well tocalion as on this plat was plotted from field not actual surveys made by me or under su	No allowable v	vill be assigned to	o the well until a	ill interests have b	een consolidated	(by commun	utization, unitizat	ion, forced-pooli	ng, or otherwise)
I hereby certify that the informational herein in true and complete to best of my browledge and belief. Signature Printed Name DAVID H. HARRISON Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location a on this plat was plotted from field not actual surveys made by me or under supervision, and that the same is true correct to the best of my knowledge belief. Date Surveyed AIGUIST 24, 1992 SIGNATURE OF THE OPERATION OF THE O	Or and a non-	Standard unit, em	THURSTON SOCIAL THE	erest, has been ap	proved by the D	IVISIOII.		1	
contained herein in true and complete to best of my knowledge and belief. Signature Printed Name DAVID H. HARRISON Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location so on this plat was plotted from field not actual surveys made by me or unde supervision, and that the same is true correct to the best of my knowledge belief. Date Surveyed AIGUST 24, 1992 MED 25 Signature 50, 1992 Signatur					· · · · · · · · · · · · · · · · · · ·			OPERA:	FOR CERTIFICATION
contained herein in true and complete to best of my knowledge and belief. Signature Printed Name DAVID H. HARRISON Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location so on this plat was plotted from field not actual surveys made by me or unde supervision, and that the same is true correct to the best of my knowledge belief. Date Surveyed AIGUST 24, 1992 MED 25 Signature 50, 1992 Signatur		ļ				<u> </u>		1 hereby	certify that the informa
Printed Name DAVID H. HARRISON Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location a on this plat was plotted from field not actual surveys made by me or unde supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AHGHST 24, 1992 Signature 3, 1992 Sig		<u>J</u>				l ·		contained here	in in true and complete to
Printed Name DAVID H. HARRISON Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location is on this plat was plotted from field not actual surveys made by me or under supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AHGISTS 24 Signalup Seal of Professional Surveyed AHGISTS 300 MEX.C. SAME ACCOUNTS		1		ŀ				best of my know	vledge and belief.
Printed Name DAVID H. HARRISON Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location is on this plat was plotted from field not actual surveys made by me or under supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AHGISTS 24 Signalup Seal of Professional Surveyed AHGISTS 300 MEX.C. SAME ACCOUNTS		ı		1					
DAVID H. HARRISON Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location so on this plat was plotted from field not actual surveys made by me or unde supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AIIGIST 24, 1992 Signature San of Professional surveys Original Company MEAC The Company Original Company Signature San of Professional surveys Not the Company Not the Company Signature San of Professional surveys AND TRANSPORTED TO THE COMPANY Not the Company Not the Company Signature San of Professional surveys Signature San		ĺ		1		i		Signature	Verlet 1.
DAVID H. HARRISON Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location so on this plat was plotted from field not actual surveys made by me or unde supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AIIGIST 24, 1992 Signature San of Professional surveys Original Company MEAC The Company Original Company Signature San of Professional surveys Not the Company Not the Company Signature San of Professional surveys AND TRANSPORTED TO THE COMPANY Not the Company Not the Company Signature San of Professional surveys Signature San		i		1		!		1	Metalu -
Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location so on this plat was plotted from field not actual surveys made by me or unde supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AICHIST 21 1992 Signature Sail of Professional Michigan Sig		i		-		i i		Printed Name	
Position PRESIDENT Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location so on this plat was plotted from field not actual surveys made by me or unde supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AICHIST 21 1992 Signature Sail of Professional Michigan Sig				4		<u> </u>		DAVID	H. HARRISON
Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location s on this plat was plotted from field not actual surveys made by me or under supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AUGUST 24, 1992 Signature Surveyed AUGUST 21, 1992		į		l					
Company CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location s on this plat was plotted from field not actual surveys made by me or under supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AUGUST 24, 1992 Signature Surveyed AUGUST 21, 1992		l						PRESI	DENT
CHI OPERATING, INC. Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location so on this plat was plotted from field not actual surveys made by me or unde supervison, and that the same is true correct to the best of my knowledge belief: Date Surveyed AIGUST 21, 1992 Signature Seal of Professional Surveyed of Dotter Correct to the best of my knowledge belief: When the correct to the best of my knowledge belief: Date Surveyed AIGUST 21, 1992 Signature Seal of Professional Surveyed Dotter Correct to the best of my knowledge belief: On this plat was plotted from field and surveys made by me or understand the best of my knowledge belief: Date Surveyed AIGUST 21, 1992 Signature Seal of Professional Surveyed Dotter Correct to the best of my knowledge belief: Date Surveyed AIGUST 21, 1992 Signature Seal of Professional Surveyed Dotter Correct to the best of my knowledge belief: Date Surveyed AIGUST 21, 1992 Signature Seal of Professional Surveyed Dotter Correct to the best of my knowledge belief: Date Surveyed AIGUST 21, 1992 SURVEYOR CERTIFICATION AIGUST 21, 1992 SURVEYOR CERTIFICAT		1		ł					DENT.
Date AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location on this plat was plotted from field not actual surveys made by me or unde supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AliGIIST 21 Signature Seal of Professional Sulvetor Doporters of the content		İ				İ			DEDATING INC
AUGUST 24, 1992 SURVEYOR CERTIFICATION I hereby certify that the well location s on this plat was plotted from field not actual surveys made by me or under supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AIICHIST 21 1992 Signature Surveyed O D Professional Sulveyed O D MELICO THE SURVEYOR CERTIFICATION I hereby certify that the well location s on this plat was plotted from field not actual surveys made by me or under supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AIICHIST 21 1992 Signature Surveys of O D Professional Surveys of O D The Survey		i				i			FERALING, INC.
SURVEYOR CERTIFICATION I hereby certify that the well location s on this plat was plotted from field not actual surveys made by me or unde supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AHGHST 2 1092 Signature Soul of Professional Surveyor Do P		i		l		! !		ì	T 26 1002
I hereby certify that the well location son this plat was plotted from field not actual surveys made by me or unde supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AliGHST 21 1992 Signature & Seal of Professional Surveyed of Down MEXICAL MEXICA						! !		AUGUS	1 24, 1992
I hereby certify that the well location son this plat was plotted from field not actual surveys made by me or unde supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AliGHST 21 1992 Signature & Seal of Professional Surveyed of Down MEXICAL MEXICA		ļ				ļ		SURVE	YOR CERTIFICATION
on this plat was plotted from field not actual surveys made by me or under supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed Alighst 21 1992 Signature Saal of Professional Surveyer D D M O NM Professional Surveyer D D NM Professional Surveyer D D O O O O O O O O O O O O O									
on this plat was plotted from field not actual surveys made by me or under supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed Alighst 21 1992 Signature Saal of Professional Surveyer D D M O NM Professional Surveyer D D NM Professional Surveyer D D O O O O O O O O O O O O O	2100	'						I hereby certi	ify that the well location si
supervison, and that the same is true correct to the best of my knowledge belief. Date Surveyed AIGHST 21—1992 Signature Soul of Professional Sulveyor Do White Soul of Sou		1	 •			l	.		
correct to the best of my knowledge belief. Date Surveyed AliGIST 21 1092 Signature Seal of Professional Native of Do Professional Native of Do RM FREPS NOVE 10 10 10 10 10 10 10 10 10 10 10 10 10		i	1	1		i			
belief: Date Surveyed AllGIIST 21 1992 Signature Sear of Professional Sulveror Do Professional Sulveror Do MEXICO Optional Sulveror Do No Figure 100 ROFF SULVEROR DO		i	1			i			
Date Surveyed AllGIIST 21 1992 Signature Saar of Professional Surveyor Do MEXICO Chicachachachachachachachachachachachachach		! 1	1] 		1	ie vest oj my knowleage
Aligist 21 1092 Signature Soal of Forestonal Sulveror Do Professional Sulveror Do EN MEXICO Chinachedge NM FREPS SURVEYOR ROFFESSION		!		· ·		1	1	beiney.	
Signature Seal of Professional Sulfverof Do Do Do Do Do Do Do Do Do Do Do Do Do		!	1			ļ.		Date Surveyed	1
Signature Seal of Professional Sulfverof Do Do Do Do Do Do Do Do Do Do Do Do Do				+		⊢	 -	AUCHST	1002
NIM PROFESSION		ł		İ				Signature & S	491 64 E
NIM PROFESSION		1	0			1		Professional	Sill vetor 00 L
NM FEEDS NOVE TO SAID		i		1		i		1 / 2	N MEX
330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 PROFESSION		1 1 1 1	L'A			i		1/2/8/	
330 660 990 1320 1650 1990 2310 2640 2000 1500 1000 500 0		* "	1	1		I I			$\mathcal{A}_{2}XXX$
330 660 990 1320 1650 1990 2310 2640 2000 1500 1000 500 0		į	ļ	1		ļ.			DAIL MANNE
330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0		l	1	ŀ		ļ		The state of the s	MANA
330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0		1				<u></u>		72	SURVEYO TO
330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0								NM FEEPS	NO 3417/
	330 660 990	1320 1650	1980 2310	2640 20	00 1500	1000	500 0	TR	OFESSION

RECEIVED
AUG 2 5 1992
OCD HOBBS OFFICE

44.01.51 D. M