Form 3160-5 (December 1	9891	ITED STATES NT OF THE INTERIOR	FORM APPROVED Budget Bureau No. 1004-0135
		LAND MANAGEMENT	Expires: September 30, 1990 5. Lease Designation and Serial No.
		Entro Ministrativi	
SUNDRY NOTICES AND REPORTS ON WELLS			NM 67111 6. If Indian, Allottee or Tribe Name
Do not	use this form for proposals to d Use "APPLICATION FO	N/A	
The state of the s	SUBMI	7. If Unit or CA, Agreement Designation	
I. Type of V		N/A	
X Oil Well	Gas Other	8. Well Name and No.	
2. Name of	•	Geronimo Federal #5	
	hell Energy Corporation and Telephone No.	9. API Well No. 30-025-3/3/2	
	. Bpx 4000, The Woodland	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Gem-Bone Spring
		11. County or Parish, State	
	660' FNL & 1650' FWL (
Sec 31, T19S, R33E			Lea, New Mexico
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION TYPE OF ACTION			
	Notice of Intent	Abandonment	X Change of Plans
	[<u>Y</u>]	Recompletion	New Construction
	X Subsequent Report	Plugging Back	Non-Routine Fracturing
	Final Abandonment Notice	Casing Repair Altering Casing	Water Shut-Off Conversion to Injection
		Other Amend APD da	ted 5/17/91
		(Note: Report results of Recompletion Report ar	multiple completion on Well Completion or
13. Describe l	Proposed or Completed Operations (Clearly state a subsurface locations and measured and true verti	Il pertinent details, and give pertinent dates, including estimated date of starting cal depths for all markers and zones pertinent to this work.)*	any proposed work. If well is directionally drilled,
The op origin	erator proposes to drill ally proposed:	l 11" hole for 8 5/8" intermediate csg	; instead of 12 1/4" as
Amend Form 3160-3 Setting			
		Size of Csg Wt/Ft Depth	<u>Cmt</u>
#	23 11"	8 5/8" 32# 2900'	800 sx Lite +
			300 sx Class C
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			90 A
14. I hereby c	ertify that the foregoing is true and correct	Dian Dala Mari	
Signed C	Alenge W. Willo	Dist Drlg Mgr	5/11/91 Date
(This space	e for Federal or State office use)	Software London Medical	
Approved		Title	Date _7 - 29 - 91
Conditions	s of approval, if any:		
Title 18 U.S.C or representation	Section 1001, makes it a crime for any person ons as to any matter within its jurisdiction.	knowingly and willfully to make to any department or agency of the United S	States any false, fictitious or fraudulent statements

*See Instruction on Reverse Side