		N.M. Oil Constant	Division
		P.O. Box 1980	
Form 3160-5	UNITED STATES	Hobbs, NM 85241	
June 1990) . D	DEPARTMENT OF THE INTER UREAU OF LAND MANAGEM		Budget Buren Na. 1001-0135 Expire: March 31, 1913 5. Lease Designation and Sarial No.
	NOTICES AND REPORTS		NMNM14004
Do not use this form for pro Use "APPLI	6. Windian Allation of Talks Manua		
· · ·	7. If Unit or CA, Agreement Designation		
1. Type of Well Oll Well Ode	8. Well Name and No.		
2. Name of Operator			BARBARA FED #1
TOCO L. L. C.			9. API Well Ne.
c/o OIL REPORTS & GAS	SERVICES, INC., P. O. BOX 7	5. HOBBS. NM 88241	30-025-24598 10. Field and Pool, or Exploratory Area
I. Location of Well (Pootage, Soc., T., R.,	M., or Survey Description)	the state of the second st	WILDCAT MORROW
1980' FSL & 990' F	PEL, SECTION 6, T22S, R	34E	11. County or Furish, Stats
A 12011 1 55555			LEA CO., NM
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. X Subsequent Report		ngging Back	Non-Routine Fracturing
Pinel Abandonment Note		using Repair Nating Casing	U Water Shat-Off Conversion to Injection
		ber	Dispos Wear
			(Note: Report course of multiple completion on Well Completion or Recompletion Report and Log form.)
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			ACCEPTED FOR RECORD
			MAY 2 5 1999 US BLM
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signed they Hear	This	Agent	BLM
Signed Mean (This space for Folderal or State office use) Approved by Candidans of approval, if any:	Tide Tide Tide Tide		BLM



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Name of Operator						FED. #1
TOCO L. L. C	•			9.	API Well No.	
Address and Telephone Ne.		., P. O. BOX 755, HC	505/393-2727		30-025-	-24598 ol, er Exploratory Area
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*See instruction on Reverse Side

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FORM 3160-5	PERMIT	Box 1980		
(JUNC 1990)	BUREAU OF LAND MANAGEMENT	s, NM 88241 Budget Bureau No. 1004-0135		
	BUREAU OF LAND MANAGEMENT	5. Lease Designation and Serial No.		
	AND THE AND PERCENCE ON MELLS	NMNM14004		
Do not u	SUNDRY NOTICES AND REPORTS ON WELLS use this form for proposals of drill or to deepen or reentry to a different reservoir.	6. If Indian, Allottee or Tribe Name		
	Use "APPLICATION FOR PERMIT" FOR PROPOSALS			
	SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation		
1. Type of Well		8. Well Name and No.		
	Other	BARBARA FEDERAL #1		
	2. Name of Operator			
TOCO L. L. C. 3. Address and Telephone No.	0.	9. API Well No.		
	GAS SERVICES, INC., P. O. BOX 755, HOBBS, NEWMEXICO 88	241 10. Field and Pool, or Exploratory Area		
	Sec., T., R., M., or Survey Description)			
		GRAMA RIDGE BS, WEST 11. County or Parish, State		
UNIT I, SEC 6, T22S 1980' FSL & 990' FEL				
		LEA CO., NEW MEXICO		
12. CHECK APPROPR	IATE BOX(s) TO INDICATE NATURE OF NOTICE, R	EPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	N		
X Notice of Intent	Abandonment	Change of Plans		
Subsequent Report	X Recompletion	New Construction		
	Plugging Back	Non-Routine Fracturing		
Final Abandoment Notice	Casing Repair	Water Shut-Off		
	Attering Casing	Conversion to Injection		
	Other	Dispose Water (Note: Report results of multiple completion on Well		
10 Describe Dressed of Complete	ed Operations (Clearly state all pertinent details and give pertinent dates, including	Completion or Recompletion Report and Log Form).		
If well is directionally drilled, g It is proposed to se sx cmt. DO cmt reta CO to td 15,156'. R	t cmt retainer @ 10,000' & sqz perfs & old holes in csg ainer, cmt & CIBP @ 10,424'. Drl cmt to 12,400', 13,4 un 4.5 liner & cmt. DO cmt & CO to PBTD (15,050').	g from 10,170'-10,375' w/300 400'-13,700', 14,120'-14,300' Spot acid from 14,940'-14,800'.		
Set pkr @ 14,750'.	Perf 14,910' - 925'. Flow test well & stimulate as nece	555ai y.		
	·			
1.1.1 house was the that the foregoing	is the and correct			
14. I hereby certify that the foregoing Signed	Title AGENT	Date 02/08/99		
(This space for Federal or State off	2	FEB 11 199		
Approved b(ORIG. SGD.) Conditions of approval, if any:	ALEXIS C. SWOBODA	Date		
TH: 4011 0 0 0 4 4004	es it a crime for any person knowingly and willfully to make to any department or ac	sency of the United State any false, fictitious or		
fraudulent statement or representati	es it a crime for any person knowingly and willibily to make to any department of a ons as to any matter within jurisdiction.			

*See Instruction on Reverse Side

TO PN