BUREAU OF LAND MANAGEMENT P. O. BOX 1990 WINDERSON OF BEAM AND	Form 3160-5 (June 1990)		TED STATES	N. M. OIL CON	IS. COMMIS	FORM APPROVED Bureau No. 1004-0135	
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10 DESTA DR: STE 100W, MICLAND, TX. 79705 (915) 686 - 5424 (915) 644.231     T0 Period and Park (Fordage, Sec., T.R. M. or Savery Description)       SUPFACE:     Start T. B. Start M. or Savery Description)     Warnin Blinebry Tubb OK & Gass       SUPFACE:     Sec. 28, T203, R38E     LEA, NM       2     CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     LEA, NM       2     CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     LEA, NM       2     CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     LEA, NM       2     CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     LEA, NM       3     Description of them     Bearging Back     Data Bandonnert       More Gasting Repair     Ware Starton     Description Back       10     Description of them     Bearging Back     Description Back       11     Description Provided Operations (Charly date at period data, boulding reference of an analysis and the webcal depth Back Back Back Back Back Back Back Back							
			15) 686 5424 (ME) 0				
	4. Location of Well (Footage, Sec., T., R., M., or Survey Description)						
LEA.NM							
TYPE OF SUBMISSION     TYPE OF ACTION       Notice of Intent     Abandonment     Change of Plans       Subsequent Report     Recompletion     Notice of Change of Plans       Subsequent Report     Recompletion     Note of Completion Display       Prival Abandonment Notice     Casing Repair     Water Struction       31. Describe Proposed of Completed Operations (Clearly state all performed defails, and give performed defails and give performed defails and give performed defails of auxiliary performance and gives and and auxiliary and measured and true vertical depths for all markers and conseptent to bits work; or in more and and gives.       31. Describe Proposed of Completed Operations (Clearly state all performed defails, and give performed defails of auxiliary more and and gives.)       32. IB-96: Downhole comminging of Blinebry, Tubb & Drinkard completed. Perforations as follows:       Bline-Tubb: 5815-6570       Dirikard: 6805-6777       CIBP set at 6950 after testing the Abo @ 6995-7001:       2.3/8* tubing after for the Abo @ Above       Segmed       V.R. BALDERAZ       <	1D. Sec 20, 1205, R38E						
TYPE OF SUBMISSION     TYPE OF ACTION       Notice of Intent     Abandonment     Change of Plans       Subsequent Report     Recompletion     Notice of Change of Plans       Subsequent Report     Recompletion     Note of Completion Display       Prival Abandonment Notice     Casing Repair     Water Struction       31. Describe Proposed of Completed Operations (Clearly state all performed defails, and give performed defails and give performed defails and give performed defails of auxiliary performance and gives and and auxiliary and measured and true vertical depths for all markers and conseptent to bits work; or in more and and gives.       31. Describe Proposed of Completed Operations (Clearly state all performed defails, and give performed defails of auxiliary more and and gives.)       32. IB-96: Downhole comminging of Blinebry, Tubb & Drinkard completed. Perforations as follows:       Bline-Tubb: 5815-6570       Dirikard: 6805-6777       CIBP set at 6950 after testing the Abo @ 6995-7001:       2.3/8* tubing after for the Abo @ Above       Segmed       V.R. BALDERAZ       <	12 CHECK APPROPRIAT	E BOX(s) TO INDICA		OTICE REPORT			
Address of Intern     Address				· · · · · · · · · · · · · · · · · · ·			
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	Final Abandonment N		tering Casing		Conversion to Injection		
33. Describe Proposed or Completed Operations (Clearly date all performent data), and give performent data, including estimated data of dataforg and proposed work. If well is directionally drived, give autourface locations and measured and true verbcal depths for all markers and zones performent to this work. Y         33. Bescribe Proposed or Completed Operations (Clearly date all performent data), and give performent data of data of dataforg and proposed work. If well is directionally drived, give autourface locations and measured and true verbcal depths for all markers and zones performent to this work. Y         34.8-96: Downhole commingling of Blinebry, Tubb & Drinkard completed. Perforations as follows:         Bline-Tubb: 5985-6570'         Drinkard: 6605-6777'         CIBP set at 6950 after testing the Abo @ 6995-700!.         2 3/8° tubing set @ 6777', Tubing anchor @ 5686'.         Well put on production.         Yell put on the test of solute office use.         Yell put on the test of solute office use.         Yell put on the test of solute office use.         Yell put on the test of solute office use.          Yell put on the test of solute office use.					kard	•	
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Signed     Multiplication     Ann E. Ritchie       Title     REGULATORY AGENT     Date 6-1-96	3-18-96: Downhole comm Bline-Tubb: 5815 Drinkard: 6605- CIBP set at 695 2 3/8" tubing set Well put on prop	ningling of Blinebry, T 5-6570' 6777' 0 after testing the Ab t @ 6777', Tubing and <u>duction</u> .	ubb & Drinkard con o @ 6995-700l'. chor @ 5686'.	ACCEPT FOR REC JUN 1 0	TED ORD 1996	5	
Signed     Main E. Ritchie       Title     REGULATORY AGENT       Option for Federal or State office use)     Date 6-1-96	14. I hereby certify that the forecastility is in use	and correct		•••			
Signed     Image: Marcological state office use)     Title     REGULATORY AGENT     Date 6-1-96       (This space for Federal or State office use)     Approved by     Title     Date       Conditions of approval, if any:     0     0     0	1.1.1.1	HA -					
(This space for Federal or State office use)  Approved by Conditions of approval, if any:				T		Date 6-1-96	
Conditions of approval, if any:	(This space for Federal or State office use	e)					
		Title	<i>t</i>			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, fictibious or fraudulent			*				

DIST: BLM(5) NMOCD(1)

\*See Instruction on Reverse Side