		N.M	OH CONS. COMMISSION
Form 3160-5	UNITEC ATE	S S	
(June 1990)	DEPARTMENT OF THE	NTERIOR	NEW MEXI 600882404-0135
	BUREAU OF LAND MAN	AGEMENT	Expires: March 31, 1993
			5. Lease Designation and Serial No.
SUN	DRY NOTICES AND REPO	ORTS ON WELLS	NMNM04229B
	form for proposals to drill or to deepe		6. If Indian, Alkottee or Tribe Name
	Use "APPLICATION FOR PERMIT"		
		Δ.Τ.Ε.	7. If Unit or CA, Agreement Designation
1. Type of Well			
Oil Ga Well XW			8. Well Name and No.
2. Name of Operator			NEW MEXICO FEDERAL F COM #1
	URCES COMPANY		9. API Well No.
3. Address and Telep TWO WEST SE	hone No. COND STREET TULSA, OK 74103	(918) 583-1791	30-025-25976
	ootage, Sec., T., R., M., or Survey Descri	ption)	10. Field and Pool, or Exploratory Area
NE 1/4 SE 1/4 SI	EC. 5-215-32E		SALT LAKE SOUTH
M. 50'E	SX 4 1980 FWL		11. County or Parish, State
			LEA, NEW MEXICO
			CE, REPORT, OR OTHER DATA
X Notice of Inter			DF ACTION
	n l	X Abandonment Recompletion	Change of Plans
Subsequent F	Report		New Construction
Final Abandor	amont Nation	Casing Repair	Water Shut-Off
		Altering Casing	Conversion to Injection
			Dispose Water (Note: Report results of multiple completion on Well
13 Describe Proposed	or Completed Operations (Clearly state all pe	rtinent details and size and in a data in the	Completion or Recompletion Report and Log form.) ding estimated date of starting any proposed work. If well is
directionally dri	lied, give subsurface locations and measured	and true vertical depths for all markers and zo	ding estimated date of starting any proposed work. If well is
:	SAMSON RESOURCES COMP	ANY will initiate plugging proce	dures as soon as possible.
			<b>6</b> 7
an a			
•			
- 11	the foregoing is true and correct		
Signed		Production Analyst	DateJanuary 5, 1995
	deral or State office use)		
Conditions of appr	oval, if any: We cedure to	itle PETROLEUM ENGINE	En _ 2/6/9.5
		jug well shall be	Submitted within 98 days.
Title 18 U.S.C. Section 1001, r or representations as to any m	nakes it a crime for any person knowingly and willful atter within its jurisdiction.	y to make to any department or agency of the United	d States any false, fictitious or fraudulent statements

				8 A 665	CONS. COMMISSION	4	
				P.O. BOX		_	
					NEW MEXICO 88240	)	
Form 3160-5		TED STATES			FORM APPROVED		
(June 1990)		ARTMENT OF THE INTERIOR			Budget Bureau No. 1004-0135		
	BUREAU OF	LAND MANAGEMI	ENI	5	Expires: March 31, 1993		
ទប	NDRY NOTICES	AND REPORTS	ON WELLS	5. Lea	se Designation and Serial No. NMNM04229B		
			ntry to a different reservoir.	6. If Ir	idian, Allottee or Tribe Name		
		OR PERMIT- for such					
SUBMIT IN TRIPLICATE				7. If U	nit or CA, Agreement Designat	ion	
1. Type of Well							
Oil Gas Well X Well Other				8. We	Il Name and No.		
2. Name of Operator					NEW MEXICO FEDERAL "F	* #1	
SAMSON RESOURCES COMPANY				Well No.	- L		
<ol> <li>Address and Tel TWO WEST S</li> </ol>	epnone No. ECOND STREET TULS	A, OK 74103	(918) 583-1791	10 5	30-025-25692 eld and Pool, or Exploratory Are	~	
	(Footage, Sec., T., R., M.,				nd and Pool, or Exploratory Are	a	
1980' FWL & 4	1651' FSL Sec. 5-21S-32E	<u>.</u>			SOUTH SALT LAKE		
		•		11. Co	ounty or Parish, State		
··					LEA. NEW MEXICO		
		BOX(s) TO INDIC	ATE NATURE OF NO	TICE, REPO	ORT, OR OTHER DATA	L.	
TYPE OF SUE				PE OF ACTION			
X Notice of Ir	litent		Abandonment Recompletion		Change of Plans		
Subsequer	t Report				New Construction		
			Plugging Back		I INON-ROutine Fracturin	a	
			Plugging Back Casing Repair		Non-Routine Fracturin Water Shut-Off	•	
	donment Notice		Casing Repair Altering Casing		Water Shut-Off Conversion to Injectior	•	
Final Abane	donment Notice	(Clearly state all pertinent de	Casing Repair Altering Casing Other <u>TO CORRECT</u>	cluding estimate	Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple co Completion or Recompletion Report d date of starting on upperconductor	n mpletion on Well	
Final Abane	donment Notice	ons and measured and true	Casing Repair Altering Casing X <sup>Other</sup> <u>TO CORRECT</u>	cluding estimate	Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple co Completion or Recompletion Report d date of starting on upperconductor	n mpletion on Well	
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or representations as to any matter within its jurisdiction.