Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. OILC. P.O. Box 198

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

Lease Designation and Serial No.

| June 1990)  | BUREAU OF LA                               | ND MANAGEMENT                                | Hobbs, NM 5524  | LC-030557 (A)   |
|---|--|--|---|---|
| Do not use this   | SUNDRY NOTICES A                           | ND REPORTS ON WELLS                          | , a   | 6. If Indian, Allottee or Tribe Name  |
| USE APPLICATION   |  |  |   | 7. If Unit or CA, Agreement Designation   |
|   | SUBMIT II                                  | N TRIPLICATE                                 |   |   |
| 1 Type of Well  |  |  |   | 8. Well Name and No.  |
| Oil Well Well Other   |  |  |   | Farney A-5 #2   |
| 2 Name of Operator  |  |  |   | 9. API Well No.   |
| Lewis B. Burleson, Inc.   |  |  |   | 30-025-09263  |
| 3 Address and Telephone No.   |  |  |   | 10. Field and Pool, or Exploratory Area   |
| D II RAX 74/9. MILLIANUS TEXAS  |  |  |   | Jalmat (T-4-7R)   |
| 4 Location of Well (Footage, Sec., T., R., M., or Survey Description) |  |  |   | 11. County or Parish, State   |
| Unit I, 1980 FSL 660 F7L  |  |  |   | Lea Co., NM   |
| Section   | on 5 T-23-S R-36-                          |  | OF NOTICE BEPO  | RT, OR OTHER DATA   |
| 12 CHEC   | K APPROPRIATE BOX(s)                       | TO INDICATE NATURE                           | OF NOTICE, METON  |   |
|   | OF SUBMISSION                              |  | TYPE OF ACTION  | Change of Plans   |
| Noti  | ice of Intent                              | Abandonment                                  |   | New Construction  |
|   |  | Recompletion Plugging Back                   |   | Non-Routine Fracturing  |
| Sup   | sequent Report                             | Casing Repair                                |   | Water Shut-Off  |
|   |  | Altering Casing                              |   | Conversion to Injection   |
| Fun   | al Abandonment Notice                      | X Other Tes                                  | t casing  | Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
|   | i  |  | t days of starri  | ng any proposed work. If well is directionally drilled,   |
| in D Promised   | or Completed Operations (Clearly state all | pertinent details, and give pertinent dates. | including estimated date of scalar<br>ent to this work )* | ng any proposed work. If well is directionally drilled,   |
| Sirc announce   | C Ideations —                              |  |   |   |
|   |  | Ol shows all norfs                           | on 8-21-85. Wel   | 1 tested okay   |
|   |  |  |   |   |
|   |  |  |   |   |
|   | to be re-completed a                       | is gas well, or SWD w                        | iell, when econon   | THE CONTROLL  |
|   | are more favorable.                        |  |   |   |
|   |  |  |   |   |
|   |  |  |   |   |
|   |  | /  |   |   |
|   |  | 17 /   | ACCUSE SECTION  |   |
|   | **************************************     | yorwen Foll                                  | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1                  |   |
|   | An   | 1-3/- 2                                      | 000   |   |
|   | <b>27.</b> 1                               | 20160 FOR 1-3/- 2                            |   |   |
|   | E11  |  |   |   |
|   |  |  |   | ••  |
|   |  | · ·  |   | V - 9   |

Approved by ORIG. SGD.) GARY GOURLEY Conditions of approval, if any: Tide 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, fictitious or fraudulent statements or reprezentations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

Field Superintendent

JOB GWW

14. I hereby certify that the for

(This space for Federal or State office use)