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June 1990)	DEPARTMENT OF	THE INTERIOR MEDICAL	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
	BUREAU OF LAND	MANAGEMENT Her 30	5. Lease Designation and Serial No. NMNM 7951
Do not use this	SUNDRY NOTICES AND form for proposals to drill or USE "APPLICATION FOR PER	REPORTS ON WELLS 53 PH 195 to deepen or reentry to a different reservoir.	6. If Indian, Allottee or Tribe Name
1 Torre of Well	SUBMIT IN T	RIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well Oil Gas Well Well	Other		8. Well Name and No.
2. Name of Operator			Glenn Rvan 20
Permok Oil, Inc. 3. Address and Telephone No.		9. AFT Well No. Ryan 300251198300S1	
4050 Pennsylvania Suite 340, Kansas City, MO 64111 81697565166 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, or Exploratory Area Queen Zone	
NESE 14-26S-37E		11. County or Parish, State	
1650 FSL & 990 FEL		Lea County N.M.	
12. CHECK	APPROPRIATE BOX(s) TO	INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF	SUBMISSION	TYPE OF ACTION	
Notice	of Intent	Abandonment	Change of Plans
∑ Subseq	uent Report	Recompletion Plugging Back	New Construction Non-Routine Fracturing
		Casing Repair	Water Shut-Off
Final A	Abandonment Notice	Altering Casing	Conversion to Injection
		Other	Dispose Water (Note: Report results of multiple completion on Well
13. Describe Proposed or Co	ompleted Operations (Clearly state all pertine	nt details, and give pertinent dates, including estimated date of starting	Completion or Recompletion Report and Log form.) any proposed work. If well is directionally drilled,
		s for all markers and zones pertinent to this work.)*	
Glenn Rya	n 20 Well put into pro	oduction March 1, 1995	
		And the second s	

4. I hereby ceruly than the foregoing is true and correct Signed Ligan M Steams	Title Prosedent	Date 5-27-95
(This space for Federal or State office use)		
Approved by	Title	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, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

OFFICE