AUG-23-19 94 13:15 FROM	₽MCARLSBAD TO ←	19156835172 I.M. OIL CONS. COMMISSION P.O. BOX 1980 HOBBS, NEW MEXICO 88240
Form 3160-5 UN	ITED STATES	FORM APPROVED Budget Bureau No. 1004-0135
(June 1990) DEPARTME	NT OF THE INTERIOR	Expires: March 31, 1993
BUREAU OF LAND MANAGEMENT		5. Leave Designation and Sorial No. LC-032604 D
SUNDRY NOTICES AND REPORTS ON WELLS		6. If Indian, Allonee or Tribe Name
Do not use this form for proposals to d	Irill or to deepen or reentry to a different reser	
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
I. Type of Well Oil Vig Gas Well Other Other		8. Well Name and No.
2. Name of Operator		Dale Federai #1
Lewis B. Burleson, Inc.		
3. Address and Telephone No. P 0 Box 2479 Midland, TX 79702 (915)683-4747		30-025-25166 10. Field and Pool, or Exploratory Arca 5 3
P.O. Box 2479 Midland, TX 79702 (915)683-4/4/ 4. Location of Well (Footage, Sec. T., R., M. or Survey Description)		Scarborough-Yates-SR
660 FNL 660 FEL Unit A Sec 29, T-26- S ,		11. County or Parish. State Lea, NM
	(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION		
Notice of Intent		Change of Plans
Subsequent Report	Plugging Back	Non-Routine Fracturing
Subsequent Report	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	Dispose Water (Note: Report results of multiple completion on Well
"See Attached"	all pertinent details, and give pertinent dates, including estimated date o rical depths for all markers and zones pertinent to this work.)*	SEP 29 10 AREA INA
	Liab.ity under bond is retained unti surface restoration is completed,	
14. I hereby certify the the thregoing is the ted correct Signed	TiueVice-President	Date 9/28/94
(This space for Federal or State office use) (ORIG. SCD.) JOE G Approved by Conditions of approval, if any:	LADA Title Patroleum Engineer	Date 10/25/94
Title 18 U.S.C. Section 1001, makes it a crime for any person representations as to any matter within its jurisdiction.	ion knowingly and willfully to make to any department or agency of th *See instruction on Reverse Side	e United States any false, fictutious or fraudulent statements