Form 3160~5 (December 1989)

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

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

Lease Designation and Serial No.

| SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals |  | 5. Lease Designation and Serial No.                  |
|--|--|--|
|  |  | LC054667   |
|  |  | 6. If Indian, Allottee or Tribe Name                 |
| SUBI   | MIT IN TRIPLICATE  | 7. If Unit or CA, Agreement Designation              |
| SUBMIT IN TRIPLICATE  1. Type of Well  |  | Service Senguation                                   |
| Oil [v] Gas [  |  |  |
| 2. Name of Operator  |  | 8. Well Name and No.                                 |
| Lanexco, Inc.  |  | Gregory A No. 3                                      |
| 3. Address and Telephone No.   |  | 7. Ari well No.                                      |
| P.O. Box 1206 Ja1, NM 88252 505-395-3056  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)   |  | 10. Field and Pool, or Exploratory Area              |
| ·  |  | Langlie Mattix SRQGE                                 |
| 660 'FNL&660'FWL<br>S-33, T-25-S, R-37-E   |  | 11. County or Parish, State                          |
| f S-33, T-25-S, R-37   | – E  | Lea County NM  |
| 2. CHECK APPROPRIATE BC  | X(s) TO INDICATE NATURE OF NOTICE, REPOF                           | RT. OR OTHER DATA                                    |
| TYPE OF SUBMISSION   | TYPE OF ACTION   |  |
| Notice of Intent   | Ahandonment  |  |
|  | Recompletion   | Change of Plans                                      |
| Subsequent Report  | Plugging Back  | New Construction Non-Routine Fracturing              |
|  | Casing Repair  | Water Shut-Off                                       |
| L. Final Ahandonment Notice  | Altering Casing  | Conversion to Injection                              |
|  | Other Pressure to  | multiple completion on Well Completion or            |
| 3. Describe Proposed or Completed Operations (Clearly sta  | Recompletion Report an   |  |
| give subsurface locations and measured and true vo   | ertical depths for all markers and zones pertinent to this work.)* | any proposed work. If well is directionally drilled, |
| Pressure test casi   | ng to 500PSI and monitor 30 minute                                 | es.  |
| BLM will be notitie  | ed prior to commencement of such a                                 | test. $\mathcal{J}_{E}$                              |
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| A A A B E E E E E E E E E E E E E E E E  |  |  |
| ,  |  |  |
| I hereby certify that the foregoing is true and correct  |  |  |
| Signed Mike (gelend  | Title Production Supt.   | June 19, 1991  |
| (This space for Federal or State office use)   | 2 N  |  |
| Approved by  | Title STEEL OF LIEUR EEGENEER                                      | Date 7-3-91  |
|  |  | •  |

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