Form 3160-5 (June 1990)		STATES F THE INTERIOR	™. Oil Con	s Divis	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
	BUREAU OF LAN SUNDRY NOTICES AND F	D MANAGEMENT	1625 N. Frend	ch Dr.	Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. M-0766
Do not use this form	for proposals to drill or to PAPPLICATION FOR PER	o deepen or reentry to	o a different reservo		6. If Indian, Allotice or Tribe Name
SUBMIT IN TRIPLICATE					7. If Unit or CA, Agreement Designation MNM87877X
1. Type of Well     Oil     Gas     X       Other     Other					8. Well Name and No. Outh Justis Unit 150 E <sup>*</sup>
ARCO Permian           3. Address and Telephone No.           P.O. Box 1089, Eunice, NM 88231           505-394-1649					9. API Well No. 0-025-32305 10. Field and Pool, or exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter D, 200' FNL & 1200' FWL Sec. 13-T25S-R37E					ustis Blinebry Tubb Drkd
		,,,,,,,,,		1.	ea NM
12. CHECK AF	PROPRIATE BOX(s) T	O INDICATE NATUR	E OF NOTICE, REF	PORT, OR	OTHER DATA
TYPE OF SUE	TYPE OF SUBMISSION TYPE OF ACTION				
X Notice of	intent	Abandon	nent	[	Change of Plans
		X Recomple	tion		New Construction
Subsequen	t Report	Plugging		l	Non-Routine Fracturing
Final Abar	idonment Notice	Casing Re	-	L [	Water Shut-Off
		Other	asing	[	Conversion to Injection Dispose Water
					(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
13. Describe Proposed or Complet give subsurface locati	ed Operations (Clearly state all pertin ons and measured and true vertical de	ent details, and give pertinent depths for all markers and zones	ates, including estimated date pertinent to this work.)*	of starting an	ay proposed work. If well is directionally drilled,
TD: 6050' PBD:	6003' PERFS: 5113-5	5968' 4-1/2" csg @	6050' KB: 3109	9' GL:	3095
POH w/pkr & tbg.	<pre>1 shots w/2000 gals 15% NEFE. Set pkr at approx. 50</pre>		d. Run MIT.		
14. I hereby certify that the for Signed Active (This space for Federal or S Approved by OPIC Conditions of spprovel, if a	ale office use) ( G. SGD.) DAVID FL. GL	DETD/	tive Assistant OLEUM ENGINE	ER	Date 10/15/99
'e 18 U.S.C. Section 1001, a presentations as to any mai	nakes it a crime for any person know ter within its jurisdiction	ingly and willfully to make to a	iy department or agency of t	he United State	es any false, fictitious or fraudulent statements

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