Form 3160-5	UNITED STATES	DEOFILE		M APPROVED No. 1004-0137
(August 2007)	DEPARTMENT OF THE IN BUREAU OF LAND MANA	TERIOR RECEALS		es: July 31, 2010
SI	JNDRY NOTICES AND REPOR	RTS ON WELLS	6. If Indian, Allottee or T) 28992/ T
Do not u abandone	use this form for proposals to ed well. Use Form 3160-3 (AP	drill or toxpenter an D) for such proposals.		
	SUBMIT IN TRIPLICATE – Other in	istructions on page 2.	7. If Unit of CA/Agreeme	nt, Name and/or No.
1. Type of Well	Gas Well Other		8. Well Name and No TR 7 A	
2. Name of Operator	Enterprises LT	TD 149538	Q API Well No	015-04334
3a. Address	3	b. Phone No. (include area code) 465 - 735-5645	10. Field and Pool or Exp	loratory Area
	age, Sec., T.,R.,M., or Survey Description)	-206	11. Country or Parish, Sta E d OV	ate
<u> </u>	12. CHECK THE APPROPRIATE BOX			DATA
TYPE OF SUBMIS	· · · · · · · · · · · · · · · · · · ·	TYPE OF AC	<u></u>	
Notice of Intent	Acidize		oduction (Start/Resume)	Water Shut-Off
Subsequent Report	Alter Casing Casing Repair		eclamation ecomplete	Well Integrity Other
Final Abandonment	Notice Change Plans		mporarily Abandon ater Disposal	
following completion testing has been comp determined that the si	-BO (185 41	$7 \cdot A + 2 \text{with}$ 950 callebelling	npletion in a new interval, a ng reclamation, have been co P/A Pe $2e$ 200	Form 3160-4 must be filed once simpleted and the operator has $F = \frac{1}{2} $
ser rate	c/w 50 st	POt perfo	@500'Sq to surfac	ueeze 2500#
smal	c/w 50 sx Irate c/w 40 circ. cutoff	set ron -		
Acces	Hed for record	RECLAMATION DUE 10-1-/-3	Liability un	to plugging of the well bore. der bond is retained until oration is completed.
	foregoing is true and correct. Name (Printed/	-		-
Kellye	Jones	Title Office	manager	-
Signature Ke	Elie Jones	Date 7-11-1	3 MEPTED	FOR RECORD
·	THIS SPACE F	OR FEDERAL OR STATE O		
	y, are attached. Approval of this notice does r or equitable title to those rights in the subject act operations thereon.		SE Part	
Title 18 U.S.C. Section 100	Land Title 42 LLS C. Section 1212 make it a		v to make to any department of	
fictitious or fraudulent state	ments or representations as to any matter with	in its jurisdiction.	, ICARLISBA	And With Ast with I

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