Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007

5.	Lease Serial No.
	NML C05070

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.	NMLC050797	
avandoned wen. Use Form 3100-3 (APD) for Such proposals.	6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE- Other instructions on reverse side.	7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well ☐ ☐ ☐ Gas Well ☐ ☐ Other	8. Well Name and No.	
2. Name of Operator Apollo Energy, LP	Russell USA #067	
	9. API Well No. 30-015-20231	
3a Address 3b. Phone No. (include area code) 120 W. Pujo St. Suite 300 Lake Charles, LA 70601 337-502-5227	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	Russell Field 11. County or Parish, State	
Section 13, T20S, R28E 1328 FNL & 2635 FEL	Eddy County, New Mexico	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,	REPORT, OR OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION		
Acidize Deepen Production Alter Casing Fracture Treat Reclamation Subsequent Report Change Plans Plug and Abandon Final Abandonment Notice Convert to Injection Plug Back Water Disp	Other	
1. RIH with 2" pipe to bottom of casing 2. Pump Class "C" Cement until full returns to surface 3. POOH with 1" and wait 15 minutes and monitor well for fall back 4. Top out well with cement 5. Install 4" P & A marker per BLM requirements g Bottom of well bore, circulate ment to surface. At cut-off verify ment to surface on all annulus. If not ke remedial action.	APPROVED SEP 3 0 2013 /s/ JD Whitlock Jr BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	
SEE ATTACHED FOR		
CONDITIONS OF ADD	ROVAL	
CONDITIONS OF APP		
14. Thereby certify that the foregoing is true and correct	RECE	
	esident RECEIV	
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed)	esident PECEIV	
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed) Thomas G. Wright Title Executive Vice Pro	esident PECEIV	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Thomas G. Wright Signature Date	esident 05/31/2013 RECEIV 07 2 2 201	

(Instructions on page 2)