

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD  
Artesia

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**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.**

5. Lease Serial No. NMNM 71036X  
6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Barr V Barb LLC

3a. Address

PO Box 4435 Roswell NM 88202

3b. Phone No. (include area code)

575-973-1346

7. If Unit of CA/Agreement, Name and/or No.

NMNM 71036X

8. Well Name and No.

SOUTH LUCKY LAKE QU UT

9. API Well No.

# 001 30-005-60360

10. Field and Pool or Exploratory Area

41320

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SESE 16 T 15S R 29E NMP

11. Country or Parish, State

Chaves NM

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>change of operator</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Request change of Operator from Barden Energy to

Barr V Barb LLC

**Accepted For Record  
NMOCD**

**NM OIL CONSERVATION  
ARTESIA DISTRICT**

**MAY 31 2016**

**RECEIVED**

Rejected - Language accepting liability,  
effective date, and bond # are missing  
from sundry. Need to submit Designation  
of successor unit Operator.

**RECEIVED**  
2016 MAR 10 AM 9:27  
BUREAU OF LAND MGMT  
ROSWELL OFFICE

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)

Steve W Oldfield

Title

Owner

Signature

[Signature]

Date

3-9-16

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

[Signature]

Date  
Office

Date

05/23/2016

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

**ROSWELL FIELD OFFICE**

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.