Form 3160-5 (September 2001)

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

OCD Artesia

FORM APPROVED

OM B N	6. 1004-01	35
Expires:	January 3	1, 200
o Coriol No		

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

NMLC 6. If Indian, Allottee or Tribe Name

 				
SUBMIT IN TRIPLICATE- Other instructions on reverse side. 1. Type of Well Oil Well O Gas Well O Vother Plugged Well Gas Well OIL Well OIL Gas Well OIL Wel		rse side. 7. li	7. If Unit or CA/Agreement, Name and/or No.	
			8. Well Name and No.	
2. Name of Operator	ventures Lar	ny Marker	9. 4	API Well No.
3a Address P.O.BOX 318° ROSWEW IN	w 88505	3b. Phone No. (include 575-910-030)	10.	OO 150 2351 Field and Pool, or Exploratory Area
4. Location of Well (Footoge, Sec., 1980' FSC / 1980	PPROPRIATE BOX(ES) T	Teos-RZE	Ed Ed	County or Parish, State COUNTY, NOW TO POTTHER DATA
TYPE OF SUBMISSION	TROIRIALE BOA(ES)		PE OF ACTION	i, ok olina bala
Notice of Intent	Acidize After Casing Casing Repair	Deepen Fracture Treat New Construction	Production (Start/Resu	water Shut-Off Well Integrity Other

If the proposal is to deepen directionally or recomplete 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filled once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

> Accepted for record **NMOCD**

NM OIL CONSERVATION

ARTESIA DISTRICT

JUL **29** 2016

RECEIVED

Reclamation	to occur	D Facility	reclama	tion	
14. Thereby certify that the Name (Printed/Type	ne foregoing is true and correct		_		
Large	1 Mover(lear	Title (wner_		
Signature		Date 7	1-16		
/ / THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by	mis A. Ams	Title	SPET	Date	7.26-16
Conditions of approval, if any, are attached. Approval of this notice does not warrant or					
	ds legal or equitable title to those rig icant to conduct operations thereon.	his in the subject lease Office	CFO		
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.					