		1.3	3031	723				
Form 3160-5 (February 2005) DEF	UNITED STATE PARTMENT OF THE EAU OF LAND MAN	INTERÍOR	OCD	-ARTY	<u> </u>	FORM APPROVED OMB No. 1004-0137 kpires: March 31, 2007	AFNS	
SUNDRY N	OTICES AND REPO form for proposals to Use Form 3160-3 (A	ORTS ON W	ro-onted an	SALCY OF	6. If Indian, Allottee	NM 103898 NM or Tribe Name	16814	
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agre	eement, Name and/or No.		
1. Type of Well Oil Well Gas W			8. Well Name and No). McKenna Federal #2				
2. Name of Operator NorthStar Operating Company					9. API Well No.	30-015-20222		
3a. Address P.O. Box 10708 Midland, Texas 797	3b. Phone No. (include area code) 432 / 684-5765			10. Field and Pool or Exploratory Area Brushy Draw				
4. Location of Well (Footage, Sec., T.,, 330' FSL & 330' FWL Section 18, T26S, R30E, Eddy County, New Me			11. Country or Parish	, State Eddy County, NM				
12. CHEC	K THE APPROPRIATE BO	X(ES) TO IND	CATE NATURE	OF NOTIC	E, REPORT OR OTH	IER DATA		
TYPE OF SUBMISSION	TYPE OF ACT				ION			
Notice of Intent	Acidize Alter Casing Casing Repair	=	en ire Treat Construction	Recla	uction (Start/Resume) umation mplete	Water Shut-Off Well Integrity Other Change	of Operator	
Subsequent Report Final Abandonment Notice	Change Plans Convert to Injection	Plug :	ind Abandon Back		porarily Abandon r Disposal			
the proposal is to deepen directions Attach the Bond under which the v following completion of the involv testing has been completed. Final determined that the site is ready for NorthStar Operating Company, (NM Corporation. NorthStar assumes all	work will be performed or project operations. If the operation of the oper	ovide the Bond Non results in a mobe filed only after the operator of the operator oper	Io. on file with B ultiple completion or all requirement this salt water d	LM/BIA. R n or recomples, including isposal well	equired subsequent re letion in a new interva reclamation, have bee I on January 1, 2004	ports must be filed within it, a Form 3160-4 must be n completed and the open	a 30 days filed once ator has	
					Disposal well under ROW			
					I	ED FOR REC		
					JA DO BUREAU O CARLS	N 4 2006 MICOM 2 F LAND MANAGEM BAD FIELD OFFICE	ENT	
I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Mark A. Philpy			Title President					
Signature //	Date 12/22/20	06						
	THIS SPACE	FOR FEDE	RAL OR ST	ATE OFF	ICE USE			
Approved by								
Conditions of approval, if any, are attached that the applicant holds legal or equitable tentitle the applicant to conduct operations	uld Office			Date				
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements OF repre				d willfully to	make to any departme	nt or agency of the United	States any false,	