

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB No 1004-0135
Expires: January 31, 2004

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.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other2. Name of Operator **Corkran Energy, LP**3a. Address
303 Beardsley Lane, C-204 Austin, TX 787463b. Phone No. (include area code)
512-329-6140

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

**1980' FSL & 1980' FEL
Sec. 9, T- 23S, R- 22E**JUN 10 2008
OCD-ARTESIA

5. Lease Serial No.

NM NM 113387

6. If Indian, Allottee or Tribe Name

N/A

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

N/A

8. Well Name and No.

Frontier 9 Federal Com #1

9. API Well No.

30-015-35920

10. Field and Pool, or Exploratory Area

Huapeche, Morrow

11. County or Parish, State

Eddy County, NM

12. CHECK 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 Strawn Completion
	<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 recomplate 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 recomplate in a new interval, a Form 3160-4 shall be filed 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.)

Strawn Completion Cont. :

- 5-28-08 GIH w/ 5 1/2 CIBP, 4' perf sub, SN, 222 jts 2 7/8" tbg, set top of CIBP @ 7340.35'. Circ. 16 bbls 2% KCL, closed BOP. Tested CIBP to 1000# for 15 min., start circ.- pumped 144 bbls 2% KCL @ 2.7 bpm, press. 300#, total 172 bbls. Wellbore cleaned up. LD tbg., remove BHA. Load csg. w/ 15 bbls 2% KCL. SWI SDFN
- 5-29-08 Dump 20' cmt. on CIBP, top of plug @ 7325'. POOH, GIH & dump 10' cmt., TOC 7295'. GIH w/ 3 1/2" 120 degree phasing perf gun, 40 hole, 36" pen. 19 gr, 1 spf. Perf. from 6919-6925' 7 holes, 6937'-6957' 21 holes, total 28 holes made. Btm. of 5 1/2 HD pkr. 6962.50'. Left pkr. swinging to spot acid. SDFN
- 5-30-08 Pump 2 bbls 15% KCL & 2 bbls 2% KCL - broke circ. POOH, LD 5 jts. tbg, set 5 1/2 HD pkr. w/ 20 pts. , pump 5 bbls, broke circ., test back side to 527 psi - held. Start on 2% KCL- formation broke @ 2645 psi, switch to 15% HCL, drop 5-13 balls every 6 1/2 bbls acid. 96 bbls acid on formation, flush tbg. w/ KCL, did not ball out. ISIP 1450, 5 min.- 1130, 10 min.- 1015, 15 min.- 985, Max. press.- 3690, avg. press.- 2536, min. press.- 1419, Max. rate- 4.9 bpm, avg. rate- 4.6, min.- 3.3 bpm. Start flowing back well, flowed 12 bbls all water. Btm of pkr. @ 6798.82, top of pkr. 6792.45. RU swab, made 11 swab runs, flowback & swab 89 bbls. RD swab, install press. gauges. SWI SDFN
- 5-31-08 Tbg. psi-120, csg. psi- 0. RU swab, made 11 swab runs. RD swab, install press. guages. SDFW
- 6-2-08 Tbgf. psi- 35, csg. psi- 0. Open up well heas, bled press. down. RU swab, made 15 runs. RD swab, install press. guages. SWI SDFN

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Angela Lightner angela@rkford.comTitle **Consultant**

482-682-0440 office

Signature

Angela Lightner

Date

06/03/2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

Title

Office

BUREAU OF LAND MANAGEMENT
CARLSBAD 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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

Accepted for record - NMOC