

## **API Well Number Banner**

## **Report Description**

This report shows a Well's API Number in Barcode format for purposes of scanning. The Barcode format is Code 39.



## 30005200320000

30 5 20032

CATO SAN ANDRES UNIT No.103

CANO PETRO OF NEW MEXICO, INC.

6/7/2010

## New Mexico Oil Conservation Division, District I

1625 N. French Drive Hobbs, NM |88240

RECEIVED Form 3160-5 **UNITED STATES** 

(August 2007) JUN 0 7 201 EPARTMENT OF THE INTERIOR

HOBBSOCHERAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

| Expires. July 31, 2010               |  |
|--------------------------------------|--|
| 5. Lease Serial No.<br>NMNM82050X    |  |
| 6. If Indian, Allottee or Tribe Name |  |

|   | form for proposals to d<br>Use Form 3160-3 (APD)   |  |   | o. 11 Indian, 7 Indiao   | The Name   |  |
|---|--|--|---|--|--|--|
| SUBMIT IN TRIPLICATE – Other instructions on page 2.  |  |  |   | 7. If Unit of CA/Agreement, Name and/or No. Cato San Andres Unit   |  |  |
| 1. Type of Well Gas Well Other  |  |  | 8. Well Name and No.<br>Cato San Andres Unit #103   |  |  |  |
| 2. Name of Operator   |  |  | 9. API Well No.   |  |  |  |
| Cano Petro of New Mexico, Inc.  |  | 30-005-20032 /<br>10. Field and Pool or Exploratory Area   |   |  |  |  |
| 3a. Address  3b. Phone No. (include area code)  801 Cherry Street Suite 3200 Fort Worth, TX 76102  817-698-0900   |  | Cato;San Andres  |   |  |  |  |
| 4. Location of Well (Footage, Sec., T.,   |  | -030-0300  |   | 11. Country or Parish,   | State  |  |
| K-16-08S-30E 1980 FSL 1980 FWL  |  |  | Chaves County, NM   |  |  |  |
| 12. CHEC  | CK THE APPROPRIATE BOX(E   | S) TO INDICATE NATU  | RE OF NOTIC   | CE, REPORT OR OTHI   | ER DATA  |  |
| TYPE OF SUBMISSION  |  | TYPE OF ACTION   |   |  |  |  |
| Notice of Intent  | Acidize Alter Casing   | Deepen Fracture Treat  | Recla   | uction (Start/Resume)  | Water Shut-Off Well Integrity  Other Waste Remediation   |  |
| ✓ Subsequent Report   | Casing Repair  | New Construction   |   | mplete   | Other Waste Remediation  |  |
| Final Abandonment Notice  | Change Plans Convert to Injection  | Plug and Abandon Plug Back   |   | oorarily Abandon<br>r Disposal   |  |  |
| determined that the site is ready for CSAU103  The following environmental correct corrective action per the OCD's critication soil found anywhere on or a depth and status of well) shall be by Unit pending disposal arrangements waste transport via watercourse (e. post-excavation soil criteria shall be Verification of Corrective Action Shereplace base and pumping unit, and This work has been partially complete without BLM's written authorization waste, iv) and backfill excavated and Modify to:Upon BLM's authorization decessary, contact BLM archaeologist Referativ) and backfill excavated areas. | tive action was undertaken at the pria consists of the removal and round the well pad. The removal use of a backhoe, followed by s. If needed, Cano will shut-in g., gully) is evident, removal and 250 mg/Kg chloride and backget-VCA (3-09-10), submit to Od put well back on line.  Seted: Cano removed 38 cubic you upon BLM's authorization, Capas. | d hauling of waste from val of stained soil and/or hauling to a lined, berr the well, move pumping ad sampling will extend ground for benzene and CD and await concurred wards soil and hauled to ano will proceed with i) oval of remaining waste | the well pad or asphalteness med staging as gunit/base an off well pad in a TPH. When noce. Upon constaging area removal of resources outside of well | to a staging area. Was surrounding wellheat rea in Cano-owned so dremove underlying to watercourse. Samfinal removal is done on currence, emplace on 3/23/2010. No furmaining waste, ii) was I pad area, additional at the surrounding survey. | aste includes asphaltenes and d and well pipe (regardless of urface of NW/4 10-8S-30E of Cato soil. Per the OCD's instruction, if apling of soil for analytes per OCD, Cano will complete OCD new fill, surface with caliche, arther excavation will be done ste management, ii) testing of archaeological survey may be |  |
| 14. I hereby certify that the foregoing is t  | rue and correct. Name (Printed/Typ   | ped)   |   |  |  |  |
| Cindy Chavez  |  | Title Regula   | atory Coordia   | tor  |  |  |
| Signature CAThe   | Chary  | Date 05/14/  | 2010  |  |  |  |
|   | THIS SPACE FO  | R FEDERAL OR S   | TATE OF   | ICE USE  |  |  |
| Approved by   | /S/ Angel Mayes  |  | sistant Fi  | eld Manager,<br>Vinerals   | Date MAY 28 2010.  |  |
| Conditions of approval, if any, are attache<br>that the applicant holds legal or equitable tentitle the applicant to conduct operations   | itle to those rights in the subject least  | warrant or certify   |   |  | WELL FIELD OFFICE  |  |
|   |  |  |   |  |  |  |