

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS

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

JUN 10 2008  
HOBBS OCL

SUBMIT IN TRIPLICATE - Other instructions on page

5. Lease Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
8910087370  
Denton North Wolfcamp Unit

8 Well Name and No.  
Denton North Wolf- Tr 6-8  
camp Unit

9. API Well No.  
30-025-05143

10. Field and Pool, or Exploratory Area  
Denton Wolfcamp

11. County or Parish, State  
Lea County NM

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
Stephens & Johnson Operating Co.

3a. Address  
P.O. Box 2249 Wichita Falls TX 76307-2249

3b. Phone No. (include area code)  
(940) 723-2166

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 26, T14S, R37E  
Unit Letter M.  
660' FSL and 760 FWL

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"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans	<input checked="" 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
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input type="checkbox"/> Other

Well P&A OCT 2004

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 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 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 final site is ready for final inspection.)

- 9-30-04 MIRU.
- 10-1-04 Tag cmt @ 4048'. Spot 25 sx cmt @ 3150'. WOC.
- 10-4-04 Tag TOC @ 3048'. Spot 25 sx cmt @ 2200'. WOC and tag @ 2080'. Spot 135 sx cmt from 525' to surface. RDMO. Install dry hole marker and clean location.

\*\*Note: This well is a State well; however, Tract 1 is Federal. Therefore, we respectfully request that the BLM update the well status in their database. Due to an oversight, this notice was not filed in a timely manner. We apologize for any inconvenience.

ACCEPTED FOR RECORD

JUN 10 2008

*[Signature]*

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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

Name (Printed/Typed)  
Devire D Crabb

Title  
Production Analyst

Signature  
*[Signature]*

Date  
June 27, 2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by *[Signature]*

Title

Date

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

Office

COPY

Form C-103  
March 4, 2004

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit 3 Copies To Appropriate District Office  
District I  
1625 N French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S St Francis Dr., Santa Fe, NM 87505

WELL API NO. 30-025-05143
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Denton North Wolfcamp Unit Tract 6
8. Well Number 8
9. OGRID Number
10. Pool name or Wildcat Denton Wolfcamp

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
Oil Well  Gas Well  Other

2. Name of Operator  
Stephens & Johnson Operating Co.

3. Address of Operator  
P.O. Box 2249, Wichita Falls, TX 76207-2249

4. Well Location  
Unit Letter M : 660 feet from the South line and 760 feet from the West line  
Section 26 (SW SW) Township 14S Range 37E NMPM County Lea

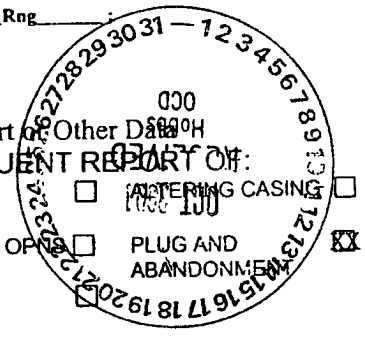
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3810' GR

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL      Sect      Twp      Rng      Pit type      Depth to Groundwater      Distance from nearest fresh water well       
Distance from nearest surface water      Below-grade Tank Location UL      Sect      Twp      Rng       
     feet from the      line and      feet from the      line

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPERATIONS <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 1. 9-30-04 MIRU. 10-01-04 Tag TOC @4048'. 2. 10-01-04 Spot 25 sx cmt. @ 3150' WOC. 3. 10-04-04 Tag TOC @ 3048'. 4. 10-04-04 Spot 25 sx @ 2200' WOC & tag @ 2080'. 5. 10-04-04 Spot 135 sx cmt. from 525' to surface. RDMO. Install dry hole marker & clean location.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE Roger Massey TITLE Agent DATE 10-08-04  
Type or print name Roger Massey E-mail address:      Telephone No. 432-530-0907

(This space for State use)  
APPROVED BY Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 20 2004  
Conditions of approval, if any     

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.