Form 3160-5 (March 2012)	DEPARTMENT (OF THE INTERIOR	NMO		FORM APPR OMB No. 100 Expires: October	14-0137		
		ND MANAGEMENT	Hob	Scase Se	erial No.		MAR 1 6	; 20
_	UNDRY NOTICES AN use this form for pro-		,	6. If Indian	NMNM1 n. Allonee or Tribe Nan			
abandon	ed well. Use Form 31	160-3 (APD) for such		7. If Unit o	of CA/Agreement, Nam	e and/or No.	RECEI	VED
I. Type of Well	N TRIPLICATE - Other	instructions on page 2			inic and No.			
Ohl Well Gas Well Other 2. Name of Operator Image: Comparison of Compariso			1	9. API We		rs Federal #2 🖊		
Cano Petro of New Mexic 3a. Address		Phone No. (include area code	<u> </u>	30-041	-20442 nd Pool, or Exploratory	Area		
POBox4470, Tulsa, OK 74 4. Location of Well (Footuge, Sec., T.,		8-582-0088	1	11. County	Tomahawk,Sa	an Andres		
O-Sec. 30 T-7-S, R-32-E,	660 FSL, 1980 FEL, PPROPRIATE BOX(E			F REPOR	T OR OTHER D	۵۳۵		
TYPE OF SUBMISSION			TYPE OF ACTI					
Notice of Intent	Acidize	Deepen	Production (Star	r/Resunie)	Water Shut-Off			
Subsequent Report	Alter Casing	Fracture Treat	Reclamantion		Well Integrity			
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily Ab	andon				
13. Describe Proposed or Complete	Convert to Injection	Plug Back	Water Disposal	•				
01/15/15 MIRU plugging POH. 01/16/15 RIH w/ t tbg to 2960'. Circulated h 35 sx cement @ 2960-245 @ 2236' RIH w/ tbg to 2 tested casing and held 50 @ 605'. POH w/ tbg. Per surface 01/26/15 Verific	bit on thg to 2930'. R tole w/ 48 bbls of mu 4'. WOC. Tagged I (280'. 01/21/15 Spot 0 psi. POH w/ thg. Po	tigged up swival, drii d laden fluid. Spotte plug @ 2600'. Press ted 45 sx cement @ 2 erf'd csg @ 750'. Set OP. NU wellhead. sc Rigged down and m	lled two hours d 35 sx cement ured up on casi 2286-1635. POI packer @ 30'. t packer @ 10' noved off. 01/28	and no ho @ 2960- ng. Did n H. WOC. Sqz'd 30 . Sqz'd 7 /15 Mov	ole. POH w/ bit. 2454. WOC Mot hold. POH w Tagged plug @ sx cement. WO 0 sx cement and ed in welder an	. 01/20/15 RIH No Tag. Re-spo v/ tbg. Perf'd c: 2 1660' Pressu OC. Tagged plu I circulated to id backhoe. Du	otted ssg ure ug	
out cellar. Cut off wellhe location. Moved off.	: is true and correct. Name (Pri	inted/Typed)						
out cellar. Cut off wellhe location. Moved off.	: is true and correct. Name (Pri	inted/Typed)			Expidrat			
14. Thereby certify that the foregoin Rick Harri Signame	g is true and correct. Name (Pri	inted/Typed) Title Date E FOR FEDERAL C	DI YPCTOR	0 f /2_01	Expidrat S			
14. Thereby certify that the foregoin Rick Harri Signature Approved by /S/DA	s is true and correct. Name (Pri S THIS SPACE		Director 2/24	0 f /2_01	Expidrat S	100 \$ Pr		
14. 1 hereby certify that the foregoin 14. 1 hereby certify that the foregoin Rick Harri Sieger Approved by Conditions of approval, it any, are attribute the approval, it any, are attribute the approval, it any, are attribute the approval.	s is true and correct. Name (Pri	Title Date E FOR FEDERAL C	DI YPCTOR	0f /201 FICE US	Expidrat S	100 \$ Pr	To d	
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