Form 3160-5 (March 2012)	UNITED STAT DEPARTMENT OF THI BUREAU OF LAND MA	E INTERIOR	HOBBS OCI	Expires: October 31, 2014		
SUN	DRY NOTICES AND REF		MAR 2 5 2014	6. If Indian, Allott	NM-092199/ VB 2228 ee or Tribe Name	
	e this form for proposals well. Use Form 3160-3 (
1. Type of Well	SUBMIT IN TRIPLICATE - Oth	er instructions on pag	je 2.	7. If Unit of CA/A	greement, Name and/or No.	
Oil Well	Gas Well Other			8. Well Name and	No. 29 Fed State Com # 3H	-/-
2. Name of Operator Caza O	perating, LLC			9. API Well No.	30-025-41536	
3a. Address	<i></i>	3b. Phone No. (incl	ude area code)	1	or Exploratory Area	
200 North Loraine, Suite 1550, Midla		432 682 7424			West: Bone Spring (2209)
4. Location of Well <i>(Footage,</i> 150 FNL & 1980 FWL, Sec 29, T-23-3	Sec., T.,R.,M., or Survey Descriptions, R-34-E	on)		11. County or Part Lea County, New		
12	2. CHECK THE APPROPRIATE I	BOX(ES) TO INDICAT	E NATURE OF NOT	CE, REPORT OR C	THER DATA	
TYPE OF SUBMISSIO	N		TYPE OF AC	TION		
Notice of Intent	Acidize	Deepen Fracture Tr	reat 🔲 Rec	duction (Start/Resume lamation	Well Integrity	
Subsequent Report	Casing Repair	New Const		omplete porarily Abandon	Other Spud & Casing.	Set Su
Final Abandonment Notic				er Disposal		
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