NMOCD Hobbs **UNITED STATES**

FORM APPROVED

5. Lease Serial No. NMNM0347394

6. If Indian, Allottee or Tribe Name

MAR 1 6 2015

RECEIVED

Form 3160-5 (March 2012)

DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

OMB No. 1004-0137 Expires: October 31, 2014

| abandoned well. | Use Form 3160-3 (A | | proposa | ls. | | | | |
|---|---|--|------------------------------|--------------------------------------|---|---|-------------------------------|--|
| SUBMIT IN TRIPLICATE – Other instructions on page 2. | | | | 7 | 7. If Unit of CA/Agreement, Name and/or No. | | | |
| 1. Type of Well Oil Well Gas Well Other | | | | 8 | 8 Well Name and No. Wilson Federa #1 | | | |
| 2. Name of Operator Cano Petro of New Mexico, Inc. | | | | | 30-005-10462 | | | |
| 3a. Address P.O. Box 4470 Tulsa, OK 74159-0470 | | 3b. Phone No. (inc. 918-582-0088 | lude area co | | 0. Field and Pool or omahawk, San Ar | | | |
| 4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) D. Sec. 77-8-S. R-32-E, 660 FNL, 660 FWL, 33.654299, -103.7161898 | | | | | 11. County or Parish, State Chaves County, NM | | | |
| 12. CHEC | CK THE APPROPRIATE BO | X(ES) TO INDICA | TE NATUR | RE OF NOTICE | , REPORT OR OTI | HER DATA | | |
| TYPE OF SUBMISSION | | | TYPE OF ACTION | | | | | |
| Notice of Intent | Acidize Alter Casing | Deepen Fracture T | | Reclam | | Water Shut-C | | |
| Subsequent Report | Casing Repair Change Plans | New Cons | ł | Recom | plete rarily Abandon | Other Troop | | |
| Final Abandonment Notice | Convert to Injection | Plug Back | 1 | | Disposal | ******* | | |
| Attach the Bond under which the stollowing completion of the involve testing has been completed. Final determined that the site is ready for Disc up location and any road going optimum advantage of temperature | ved operations. If the operations and inspection.) g to only that location and and moisture this spring. | ion results in a multipe filed only after al | ole completi I requiremen | ion or recomple nts, including re | tion in a new intervectamation, have been seen and re-seed de | al, a Form 3160-4 musen completed and the | st be filed once operator has | |
| 14. I hereby certify that the foregoing is Rick Harris | true and correct. Name (Printe | | Directo | r of Evoloratio | n and Draduation | | | |
| | | Tit | le Directo | | n and Production | | | |
| Signature Date | | | te 02/24/2 | 02/24/2015 | | | | |
| | THIS SPACE | FOR FEDERA | L OR S | TATE OFF | CE USE | | | |
| Approved by | | | Title | | | Date | | |
| entitle the applicant to conduct operations thereon. | | | Office | | Roswell | | | |
| Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repr | | | nknowingly | and willfully to | make to any departm | ient or agency of the Ur | nited States any false, | |