Form 3160-5 (June 2015)

1. Type of Well

☑ Oil Well ☐ Gas Well ☐ Other

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

**OCD Hobbs** 

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

## 5. Lease Serial No. NMNM19448

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

abandoned well. Use form 3160-3 (APD) for such proposals.

6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No.

Well Name and No. DOROTHY FEDERAL 02

2. Name of Operator MCELVAIN ENERGY	INC	Contact: E-Mail: tony.coope	TONY G COr r@mcelvain.co	OPER 1	RECE	A	MPI Well No. 30-025-35717-	00-S1			
3a. Address 511 16TH STREET S DENVER, CO 80202		3b. Phone No. (include area code) Ph: 303-893-0933 Ext: 331			10. Field and Pool or Exploratory Area EK-YATES-7RVRS-QUEEN						
4. Location of Well (Foota	)				11. County or Parish, State						
Sec 25 T18S R33E NESE 1980FSL 810FEL				•			LEA COUNTY, NM				
12. CHECK	THE APPR	OPRIATE BOX(ES)	TO INDICA	TE NATURI	E OF NOTI	CE, RI	EPORT, OR OT	HER DAT	A .	·	
TYPE OF SUBMISSI	ON	TYPE OF ACTION									
□ Notice of Intent		☐ Acidize	☐ Dee	☐ Pro	☐ Production (Start/Resume)			■ Water Shut-Off			
_		□ Alter Casing	☐ Hyd	Iraulic Fracturi	ng 🔲 Rec	Reclamation			■ Well Integrity		
Subsequent Report		Casing Repair	□ Nev	v Construction	☐ Red	☐ Recomplete			☑ Other		
☐ Final Abandonment Notice	Notice	☐ Change Plans	Plug	Plug and Abandon			□ Temporarily Abandon			Site Facility Diagra m/Security Plan	
		Convert to Injection	Plug	Plug Back			oosal				
	·										
14. I hereby certify that the fo	Committee	ectronic Submission # For MCEL\ to AFMSS for process	/AIN ENERGY	INC, sent to RAH MCKINNI	the Hobbs EY on 08/01/	- 2018 (1)	8DLM0459SE)				
Name (Printed/Typed) T	ONY G CO	OPER	<u> </u>	Title SR E	EHS SPECI			D DEM	7007		
Signature (E	lectronic Subr	nission)		Date 07/3	1/2018	AUL	CEPTED FO	א אבטו	ן עאנ ו		
		THIS SPACE FO	R FEDERA			USE	AUG 1	2018			
				<del></del>				2010			
Approved By				Title			OMCKIMME,	HE Date			
Conditions of approval, if any, a certify that the applicant holds leads to which would entitle the applicant		BUREAU OF LAND MANAGEME CARLSBAD FIELD OFFICE Office					MT				
Title 18 U.S.C. Section 1001 an States any false, fictitious or fi						to make	to any department of	or agency of th	e United		
(Instructions on page 2) ** BL	M REVISE	D ** BLM REVISED	** BLM RE	VISED ** B	ILM REVI	SED *	BLM REVISE	D** K	Z		

