operator

HOBBS Perm 3160-5 (February 2005) DEC 0 6 2011

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

	FORM APPROVED
	OMB No. 1004-0137
M	Expires: March 31, 200

DECARE			0480904	LA	_
5UNDRY	NOTICES AND REPOR		6. If Indian, Allottee o	r Tribe Name	
	form for proposals to Use Form 3160-3 (AP				
	T IN TRIPLICATE - Other in	structions on page 2.	7. If Unit of CA/Agree	ement, Name and/or No	
1. Type of Well  Oil Well  Gas V			8. Well Name and No. ROSS DLA W		
2 Name of Operator J. C. Willi	AM SON		9. API Well No. 30-015-3		
	-	o. Phone No. (include area coa 132-682-179		Exploratory Area  OFIEWAVEE	
Box 16 MINIAND T 4 Location of Well (Foolage, Sec., T.,	R., M., or Survey Description)		11. Country or Parish,	State	_
687 FSL 660FEL			EDDY CO		
	CK THE APPROPRIATE BOX		OF NOTICE, REPORT OR OTHE	K DATA	
TYPE OF SUBMISSION			PE OF ACTION		
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Reclamation	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete	Other	
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily Abandon Water Disposal		
PERF 6338-61 11 SHOTS AC	1,000 × 16/30 JA	AL TINOTONET	E	1-C	
PERF 6602 - 32 11 SHOTS AE	. 1. 1. 26 28	NGAL 1/2 00	VEKE		
PERF 6686-6700 10 3710-12			ACCEPTED FOR	RECORD	
	-1954 -6501		NOV 12 2	011	
	on Repart 3	160-4	1 Rms		
14 I hereby certify that the foregoing is to Name (Printed Typed)  OARE// FOLMAR	rue and correct.	Title AGE	BUREAU OF LAND MA CARLSBAD FIELD	OFFICE	
Signature Davido	tolman	Date 9-	15-11		_ =
	THIS SPACE FO	R FEDERAL OR STA	TE OFFICE USE		_
Approved by			1 2 2 2 2		_

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 Office" entitle the applicant to conduct operations thereon, ...

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States a fictitious or fraudulent statements of representations as to any matter within its jurisdiction.

Form 3160-5 (Papruary 2005)

! Type of Well

3 Name of Operator

DO Oil Wall

J.C. WILLAMSO

Oas Well

Docarion of Well (Footage, Sec., T.R.M., or Survey Description)

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

FORM APPROVED OMB No. 1004-0137 Evolves: March 31, 300

SUNDRY NOTICES AND REPORTS ON WELLS

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

Other

SUBMIT IN TRIPLICATE - Other instructions on page 2.

OMB No. 1904-01.57
Expires: March 31, 2007

5. Lease Scrial No.

0 48 0 10 4 A

6. If Indian, Allottee or Tribe Name

7. If Unit of Ca/Agreement. Name and/or No.

8. Well Name and No.

Ross ORAL 3/
9. API Well No.
30-015-3837/
10. Pield and Pool or Expioratory Area

Ross ORAL 0 FIFLARE

11. Country or Parish, State

EDOL CO MM

667 FSL-660 FEL SEC 33 - T 265 - R-10 E FADG CO MM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

1b. Phone No. (include area code)

472-62-1797

TYPE OF SUBMISSION	TYPE OF ACTION			
Notice of Intert	Acidize Alter Casing	Deepen Practure Treat	Production (Start/Resume) Reclamation	Water Shun-Off Well Energy
🔀 Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abundon	Recomplete Temporarily Abandon	Other
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	

Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration increase the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical dopths of all pertinent markers and recomplete horizontally, give subsurface locations and measured and true vertical dopths of all pertinent markers and recompleted horizontal hor

RAN 13 JTS 13/8 J. 55 48 SET @ 505 CEMENT 600 SKS & 200 CALL CIRCSOSES TO IT

RAN 80 JTS 8 9/8 JKE 24432 SET @ 3230 CEMENT 1000 SES 15/65 POZ & 500 SES

""" NEAT CIRC 200 SES TO BIT

RAN 183 JTS 5/217 \* N-80 SET @ 6849, DUC 5274 CMT, 15 T STAGE 500 SES 50/50

RAN 183 JTS 5/217 \* N-80 SET @ 6849, DUC 5274 CMT, 15 T STAGE 500 SES 50/50

POZ. CIRCULATED 200 SES OFF OF DU TOOL 2 NO STAGE PUMP 400 SES 35/65 POZ

LOST CIRC CEMENT TOP & 4550

PER 6LM. PUMP 420 SKS 35/63 POZ VIR 5/12 487/8 ANNUARS CEMENT TOP

PER 6LM. PUMP 420 SKS 35/63 POZ VIR 5/12 487/8 ANNUARS CEMENT TOP

POR 6LM. PUMP 420 SKS 35/63 POZ VIR 5/12 487/8 ANNUARS CEMENT TOP

'4 'hereby conify that the foregoing is true and correct.  Name (Printed/Typed)	Fig. A C C 7	
DAREIL FOLMAR	Title AGENT	
Signatural aree of almo	Due 9/15/1/	
THIS SPACE FOR FEDI	RAL OR STATE OFFIC	E USE
Approved by		
•••		
	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or that the applicant holds legal or equitable title to those rights in the subject lease which upontile the applicant to conduct operations thereon.	certify	Date