

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED  
OMB NO. 1004-0137  
Expires July 31, 2010

## 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.

5. Lease Serial No.

LE-069107 state

6 If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Converted to WIW Dec 2006

2. Name of Operator

Stephens &amp; Johnson Operating Co.

3a. Address

P.O. Box 2249 Wichita Falls TX 76307-2249

3b. Phone No. (include area code)

(940) 723-2166

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

Sec. 13, T19S, R28E  
2310' FSL & 660' FWL  
Unit Letter L7. If Unit or CA/Agreement, Name and/or No  
8910169240

East Millman Pool Unit

8. Well Name and No.

East Millman Tr 7 #4  
Pool Unit

9. API Well No.

30-015-02231

10. Field and Pool, or Exploratory Area

Millman QN-GB-SA, East

11. County or Parish, State

Eddy NM

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

## TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

## TYPE OF ACTION

- |                                               |                                           |                                                    |                                         |
|-----------------------------------------------|-------------------------------------------|----------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |                                         |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            |                                         |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Remedial Work - Casing Repair:

- 1) TOH w/injection tbq. and pkr.
- 2) TIH w/RBP, pkr and workstring. Set RBP @ +/-1650'. Located csg leak with pkr. and tbq.
- 3) Cmt squeeze csg. leak
- 4) Drill out cmt and test squeeze to 500 psi
- 5) Remove RBP and run injection tbq and pkr
- 6) Circulate pkr fluid and perform MIT
- 7) Resume water injection

Accepted for record  
NMOCD  
DEC 02 2011 105RECEIVED  
NOV 08 2011  
NMOCD ARTESIA

Note: Well is a State well; however, Tract 6 is Federal. Therefore, we request BLM update their  
database.

SUBJECT TO  
APPROVAL BY STATE

ACCEPTED FOR RECORD

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Devire D. Crabb

Title

Signature

Date Sept 16, 2011

NOV 2 2011  
/s/ JD Whitlock Jr

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

Approved by

Title

Date

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  
entitle the applicant to conduct operations thereon

Office

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