## 30-015-39183

## OCD-ARTESIA

SUNDRY Do not use to abandoned we submit in the state of Well of Well [ ]	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT  SUNDRY NOTICES AND REPORTS ON W Do not use this form for proposals to drill or to reabandoned well. Use Form 3160-3 (APD) for such  SUBMIT IN TRIPLICATE- Other instructions on reverse of Well  Substitution of Substit			FORM APPROVED OM B No 1004-0137 Expires March 31, 2007  5. Lease Senal No NMLC-029415B  6. If Indian, Allottee or Tribe Name N/A  7 If Unit or CA/Agreement, Name and/or No N/A  8. Well Name and No. Puckett 12 #2			
3a Address 550 W. Texas Ave., Suite 1300 4 Location of Well (Footage, Sec., 470' FN	17S, R31E, Unit C	;	9. API Well No. 30-015-39183  10. Field and Pool, or Exploratory Area Fren; Glorieta-Yeso 26770  11. County or Parish, State Eddy, NM  EPORT, OR OTHER DATA				
Attach the Bond under which following completion of the ir testing has been completed F determined that the site is read COG respectfully reques Puckett 12 Federal #3H  Original Location: 470' FNL & 175:  COG respectfully request SHL: 75' FNL & BHL: 330' FSL &	ectionally or recomplete horizonta the work will be performed or pro- tivolved operations. If the operation inal Abandonment Notices shall be ty for final inspection.)  ts permission to change the na  5' FWL Sec.12, T17S, R311 ts to change the Location to:	Deepen Fracture Treat New Construction Plug and Abandon Plug Back Timent details, including est Illy, give subsurface location results in a multiple come of filed only after all require time of this well to:  E, Unit C  R31E, Unit C  R31E, Unit C	ons and measured and tr with BLM/BIA. Require pletion or recompletion	bandon  my proposed work at the vertical depths of the subsequent reporting a new interval, a Fination, have been considered SEE AT	all pertinent markers and zones. ts shall be filed within 30 days form 3160-4 shall be filed once		
A revised C-102, Direction  14. I hereby certify that the form Name (Printed/Typed)	nal Plan and Drilling Plan are	e attached for your rev	iew.		AL BY STATE  cepted for reco		

44. I hereby certify that the foregoing is true and correct Name (Printed/Typed)  Robyn M. Odom	Title Regulatory Analyst			Accepted for recor			
Signature I	Date	08/03/2011		NMC	oco ,		
THIS SPACE FOR FEDERAL (	OR STATE	OFFICE USE					
/s/ Don Peterson	1.		MAN	9 E	20.13		
Approved by	Title		Date	_ B ( <u>U</u>	Cy p li		
Conditions of approval, if any, are attached Approval of this notice does not warrant 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.		fice CARLSBAD FIELD OFFICE					

(Instructions on page 2)