Form 3160-5 (August 2007)

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

SUNDRY NOTICES AND REPORTS ON WELLS

OCD-ARTESIA

FORM APPROVED OMB No 1004-0137 Expires July 31, 2010

5. Lease Serial No. NMLC050797

6. If Indian, Allottee or Tribe Name

		to drill or to re-enter a APD) for such proposa			
SUBMI	T IN TRIPLICATE - Othe	er instructions on page 2.	7 If Unit of CA/Agr	reement, Name and/or No.	
Type of Well     ☐ Gas Well     ☐ Other			8 Well Name and N Russell USA #43	io.	
2. Name of Operator Apollo Energy, LP			9 API Well No. 30-015-02392		
3a Address 4823 Ihles Road Lake Charles, LA 70605		3b Phone No <i>(include area c</i> ) 337-502-5227	ode) 10. Field and Pool or Exploratory Area		
4 Location of Well (Footage, Sec., 1, NESW 13, T20S, R28E, NMP	R.M. or Survey Description	n)		11 Country of Parish, State Eddy County, New Mexico	
12 CHEC	CK THE APPROPRIATE B	OX(ES) TO INDICATE NATUR	RE OF NOTICE, REPORT OR OT	HER DATA	
TYPE OF SUBMISSION	LYPE OF ACTION				
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/Resume) Reclamation	Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair Change Plans	<ul><li>✓ New Construction</li><li>✓ Plug and Abandon</li></ul>	Recomplete Temporarily Abandon	Other	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
the proposal is to deepen directions Attach the Bond under which the v	ally or recomplete horizonta vork will be performed or pr ed operations - If the operat Abandonment Notices must	illy, give subsurface locations and rovide the Bond No. on file with non results in a multiple completi	I measured and true vertical depths BLM/BIA Required subsequent r on or recompletion in a new interv	al, a Form 3160-4 must be filed once	
<ol> <li>RIH with 1" pipe to bottom of cas</li> <li>Pump Class "C" Cement until full</li> <li>POOH with 1" and wait 15 minute</li> <li>Top out well with cement</li> </ol>	returns to surface.	l back.		RECEIVED	

- 5. Install 4" P & A marker per BLM requirements.

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Tog bottom, Circ. emt to surface, @ cut-off, 1" ent to surface all annulus.

RECLAMATION PROCEDURE ATTACHED

SEE ATTACHED FOR CONDITIONS OF APPROVAL

14 Thereby certify that the foregoing is true and correct. Name (Printed/Typed)		
Thomas G. Wright	Title Executive Vice President	
Signatur 3 Might	Date 01/16/2012	
THIS SPACE FOR FEI	DERAL OR STATE OFFICE L	JSE
Approved by  Conditions of approved of any are attached. Approved of this notice does not warrant of	Title SEPS	Date 7-25-12
Conditions of approved, I any are attached. Approval of this notice does not warrant of that the applicant folds legal or equitable title to those rights in the subject lease which entitle the applicant to conduct operations thereon.	or certify office AGO	

(Instructions on page 2

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fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Accepted for record