

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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.*

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>INJECTION WELL</b>		5. Lease Serial No. <b>NMLC065244</b>
2. Name of Operator <b>RAY WESTALL OPERATING, INC.</b>		6. If Indian, Allottee, or Tribe Name
3a. Address <b>P.O. BOX 4, LOCO HILLS, NM 88255</b>	3b. Phone No. (include area code) <b>575-677-2370</b>	7. If Unit or CA. Agreement Name and/or No. <b>NM70930X</b>
4. Location of Well (Footage, Sec., T. R., M., or Survey Description) <b>SEC-6, TWP-19S, RNG-31E, 330' FNL &amp; 660' FWL</b>		8. Well Name and No. <b>CULWIN QUEEN UNIT # 14</b>
Lat. <b>SEC-6, TWP-19S, RNG-31E, 330' FNL &amp; 660' FWL</b>		9. API Well No. <b>30-015-05748</b>
Long.		10. Field and Pool, or Exploratory Area <b>SHUGART</b>
		11. County or Parish, State <b>EDDY NM</b>

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production ( Start/ Resume)	<input type="checkbox"/> Water Shut-off
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>INITIAL</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	<b>INJECTION</b>
	<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 recomplete horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will be performed or provide the Bond No. on file with the 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 Notice shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**INITIAL INJECTION 08/31/15 500 BPD @ 550 PSI**

*RJD 11/20/15*  
**accepted for record**  
**NMOCD**

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

**NOV 16 2015**

**RECEIVED**

14. I hereby certify that the foregoing is true and correct.

Name (Printed/ Typed)

**RENE HOPE**

Title: **BOOKKEEPER**

Signature:

Date: **11/13/15**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

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, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)