Form 3160-5 (September 2001)

Notice of Intent

determined that the site is ready for final inspection.)

Oil Cons. UNITED STATES

N.M. DIV-Dist. 2

Production (Start/Resume)

Reclamation

FORM APPROVED OMB No. 1004-0135 Expires January 31, 2004

Water Shut-Off

☐ Well Integrity

DEPARTMENT OF THE INTERIOR 1301 W. Grand Avenue SUNDRY NOTICES AND REPORTS ON WELLS

NET USE this form for proposals to drill or to proposals to proposa

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

Acidize

Alter Casing

Casing Repair

6. If Indian, Allottee or Tribe Name

		proposition,	
	SUBMIT IN TRIPLICATE - Other instruction	ons on reverse side	7. If Unit or CA/Agreement, Name and/or No.
!	Type of Well A Oil Well Gas Well Other	\$1021222324 A	8. Well Name and No.
`	Name of Operator	<u> </u>	West Haystack Federal #5
	Read & Stevens, Inc.	MAY 2000	9. API Well No.
	P. O. Box 1518 Roswell, NM 88202	Phone No. (include area could)	30-005-62991
;	Location of Well (Footage, Sec. T. R., M., or Survey Description)		10. Field and Pool, or Exploratory Area
	1650' FNL & 2100' FWL	P. ARTESIA CO	/Haystack Cisco
		7	11. County or Parish, State
	Section 19 T6S-R27E	C7,10,68,957 E1	Chaves County, New Mexico
	12. CHECK APPROPRIATE BOX(ES) TO INC	DICATE NATURE OF NOTICE, RE	PORT, OR OTHER DATA
7	YPE OF SUBMISSION	TYPE OF ACTION	

New Construction Subsequent Report Recomplete Other Change Plans Plug and Abandon Temporanly Abandon Final Abandonment Notice Convert to Injection N 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 thereof. If the proposal is to deepen directionally or recomplete 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 only after all requirements including reclamation have been completed. testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has

Set CIBP @ 5,500' and dump bail 35' cmt on top. Perf San Andres @ 1,584'-1,598', 1,878'-1,894' & 1,902'-1,912'. Selectively acidize and swab test intervals.

Deepen

Fracture Treat

Additional plus @ 3600' - 3500'

.4 Inereby certify that the foregoing is true and correct Same (Printed Typed)				
John C. Maxey, Jr	tle	Operations Manager		
Signature May D	ate	4-30-03		
THIS SPACE FOR FEDERAL	OR ST	R STATE OFFICE USE		
approved by	Titl	Date 5/15/03		
oneitions of approval, if any, are attached. Approval of this notice does not warrant critis that the applicant holds legal or equitable title to those rights in the subject learness would entitle the applicant to conduct operations thereon.	or Sc Off	ice RFO		
tile 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, making a fine				

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

District I

T625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102

Revised August 15, 2000

☐ AMENDED REPORT

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

WELL LOCATION AND ACREAGE DEDICATION PLAT

Pool Code Pool Name		***************************************	
78320	Haystack Cisco	Haystack Cisco	
⁵ Property Name		Well Number	
West Haystack Fe	deral	5	
Operator Na	me	' Elevation	
Read & Stevens,	Inc.	3,856'	
	'Property Na. West Haystack Fe. 'Operator Na.	78320 Haystack Cisco	

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	19	6S	27E		1650	North	2100	West	Chaves
	,		11 Bott	om Hole	Location If	Different From	1 Surface		
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
12 Dedicated Acres	Doint o	Infill 14 C	onsolidation Co	ode 15 Ord	ler No.				
40	N		onsondanon e		ici 110.				

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A
NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. SECEIVED OCD - ARTESIA OCD - ARTESIA Date 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor	OPERATOR CERTIFICATION I hereby certify that the information contained herein is true Survey	16			EN MIROVED BIT	
and complete to the best of my knowledge and belief. Signature John C. Maxey, Jr.	and complete to the best of my knowledge and better. Separate John C. Maxey, Jr. Printed Name Operations Manager Tule 4-30-03 Date 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this pla we plotted from field notes of actual surveys made by me or us my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor					OPERATOR CERTIFICATION
Printed Name 2100' RECEIVED OCD - ARTESIA Oct 6 8 L 9 9 9 8 1	Signature John C. Maxey, Jr. Printed Name Operations Manager Tule 4-30-03 Date 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat we plotted from field notes of actual surveys made by me or us my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature Signature John C. Maxey, Jr. Printed Name Operations Manager 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat we plotted from field notes of actual surveys made by me or us my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor		-			
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