I Ahas of Tile	graprip) hraigitan """""					
Form 316Q-5 DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 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.				OMB No. 1004-0135 Expires January 31, 2004 5. Lease Serial No. Nm 0293		
SUBMIT IN TR	IPLICATE Other ins	tructions on revers	e side	7. If Unit of	r CA/Agreement, Name and/or No.	
Mi Oil Well Gas Well Other					8. Well Name and No.	
2. Name of Operator 3 KM ENERGY LLC.					MUNCY Fed. 2 9. API WOLLING. 30-015-25012	
3a. Address 3b. Phone No. (include area code) 26 E. Compress Artesia NM 88210 (505) 748-2854					1 Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					Ake (YAtes 7 Rivers	
1980' FNL. 660 FWL Sec. 13 TITS R27E					or Parish, State	
12 CHECK AF	PPROPRIATE ROY(ES)	TO INDICATE NATI	IRE OF NOTICE R		OTHER DATA	
	PROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA					
TYPE OF SUBMISSION			YPB OF ACTION			
Notice of Intent	Acidize	Deepen	Production (Start	•	Water Shut-Off	
_	Alter Casing Casing Repair	Practure Treat New Construction	Reclamation Recomplete		Well Integrity Other	
☐. Subsequent Report	Change Plans	Plug and Abandon			Ome:	
☐ Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
Attach the Bond under which to following completion of the investing has been completed. For determined that the site is ready	he work will be performed or possible of the operations. If the operations in the operation of the operation	provide the Bond No. on fi ion results in a multiple co Il be filed only after all req	le with BLM/BIA. Requimpletion or recompletion in uirements, including recla	red subsequent in a new intervariation, have t	hs of all pertinent markers and zone reports shall be filed within 30 day al, a Form 3160-4 shall be filed one deen completed, and the operator has been completed.	
_	Tuenc 7 mus	cepted for record . NM			02.22.23.24.25.26.21.28.38.38.38.38.38.38.38.38.38.38.38.38.38	
14. I hereby certify that the foregoi	ing is true and correct				5, more 8,	
Name (Printed/Typed)	,	griat -	1111 ·			
Jack Matt	news	1 lue	Managing	11/emb	er	
Signature Jack 71	atther	Date	9-15-03			
The National Assessment	THIS SPACE	FOR FEDERAL OR	STATE OFFICE USE		K. V. K. K. L.	
Approved by			Title	D	ate	
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those ri		Office		,	
Title 18 U.S.C. Section 1001 and T States any false, fictitious or fraudu	Title 43 U.S.C. Section 1212, malent statements or representation	ake it a crime for any persons as to any matter within it	n knowingly and willfully spirisdiction.	to make to any	department or agency of the Unite	