UNITED STATES. DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

OCD-AKIESIA

FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

5. Lease Serial No.

NM 98791

SUNDRY	NO	HICES	AND	KEP	OK	15	ON	MELL2	

General	

Do not use this form for particular abandoned well. Use Form	proposals to drill or to n 3160-3 (APD) for suc	re-enter an ch proposals.		6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE -	7. If Unit or CA/Agreement, Name and/or No				
Type of Well Oil Well	MAY 28 2008 OCD-ARTESIA			8. Well Name and No. JEWELRY BOX 1 FEDERAL 9. API Well No.	
3a. Address P.O. BOX 10587, MIDIAND, TX 79702 4. Location of Well (Footage, Sec., T., R., M., or Survey of SL: 300 FSL & 710 FEL ACTUAL: PP: 777 FSL & 983 FEL; BHL: SEC 11, T198, R21E, EDDY COUNTY	Description) 769 FSL & 986 FWL	Phone No. (include are 432-685-6563		30-015-34724 10. Field and Pool, or Exploratory Area 4 MILE DRAW, WOLFCAMP, S/W, 97553 11. County or Parish, State EDDY NM	
12. CHECK APPROPRIATE TYPE OF SUBMISSION	BOX(ES) TO INDICA		NOTICE, REP		
Notice of Intent X Subsequent Report	plete horizontally, give subsur	Deepen Fracture Treat New Construction Plug and Abandon Plug Back cluding estimated starting face locations and meast No. on file with BLM.	Production Reclamati Recomple Temporar X Water Disured and true verification.	n (Start/Resume) Water Shut-Off well Integrity tee Other Thy Abandon sposal roposed work and approximate duration thereof. ertical depths of all pertinent markers and zones. subsequent reports shall be filed within 30 days	
at Pi	eturned: need to protected information provide the attached in [27/08]	O INTO 210 BBIL I TO PUBLIC DISPO Ovide the Orior to approval.	FIBERGIASS OSAL FACILI	STORAGE TANK,	
14. I hereby certify that the foregoing is true and correct Name (Printed Typed) KAYE M. CORMICK THI	S SPACE FOR FEDER	Date 05-20-20		ЭН	
Approved by Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations to	of this notice does not warran	Title	Accep	Date ted for record	

Information needed for the authorization for the disposal of produced water off lease;

- 1. Provide this office a copy of Underground Injection Control Permit issued to the operator of the injection well to include the OCD Permit number.
- 2. How much water is produced and from what formation.
- 3. Provide a water analysis of the produced water.
- 4. Provide the legal land description of the disposal facility.
- 5. If there is an alternate disposal facility, provide the same information

If you have any questions, please contact Jim Amos at 575-234-5909

5/18/08