Form 3160-5 (February 2005)

UNITED STATES DEPARTMENT.OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTES

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

	,	,	L)	Ç
ç		1	1	N	
į					٠

SUNDRY NOTICES AND REPORTS ON WELL'S

Do not use this form for proposals to drill or to re-enter an

56400 AUG 2 5 2000 6. If Indian, Allottee or Tribe Name

5. Lease Serial No.

abandoned well. Use For	m 3160-3 (APD) for such proposals. NOU 2 3 200						
SUBMIT IN TRIPLICATE -	7. If Unit or CA/Agreement, Name and/or No						
I. Type of Well X Oil Well Gas Well Other		8. Well Name and No.					
2. Name of Operator		WEST SHUGART 24 1					
KCS RESOURCES, LLC		FEDERAL					
Ba Address	3b. Phone No. (include area code)	9. API Well No.					
1000 LOUISIANA, SUITE 5600, HOUSTON	State of the second of the se	30-015-31340					
4. Location of Well (Footage, Sec., T., R., M., or Survey	, , , , , , , , , , , , , , , , , , , ,	10. Field and Pool, or Exploratory Area SHUGART; BONE SPRING					
2310 FNL & 330 FELCONCRESS SECTION							
		11. County or Parish, State EDDY NM					
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA							
TYPE OF SUBMISSION	TYPE OF ACTION						
x Notice of Intent	Acidize Deepen Production	n (Start/Resume) Water Shut-Off					
	Alter Casing Fracture Treat Reclamation	on Well Integrity					
Subsequent Report	Casing Repair New Construction Recomplet						
Final Abandonment Notice		ly Abandon CHANCE OF OPERATOR					
	Convert to Injection Plug Back Water Dis	oosal					
determined that the final site is ready for final inspe	Notices shall be filed only after all requirements, including reclamatic ction.) ERATOR OF THIS WELL CHANGED ITS NAME FROM KCS						
	C is considered to be the operator on the abo						
or portions thereof.	conditions of the lease for the operations con	nducted on the leased lands					
or portions thereor.		9 (B)					
Bond Coverage for this well is pr	rovided under BIM Bond No. RLB0001147 & RLB000	and the same of th					
	10	- D- 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -					
	APPROVE	The second second					
· ·	/ $/$ $/$ $/$ $/$ $/$						
•		Mo 27					
· .	/ Allo	10:27 POM (00M)					
	/ / 106 2 1 2	7 8 / 7 -					
	2 1 2000						
14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) CORINNE ILLACH	Time LAU OF LANATIONS ANALYS CARL SCOTTE TONS ANALYS Date PERSON TO 15 COMPANY	The state of the s					
Signature (e) iii	Date FEBRUARY DF 2009EN	7.1					
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.							