Form 3160-5 (Aggust 1003) 2009

UNITED STATES. DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No 1004-0137

1 2	THE THE	IIII BIGOR			Aprics July 51, 2010		
ACCD ARTESIA			5 Lease Serial No NMNM0467934				
Do not use this		ORTS ON WELLS to drill or to re-enter a APD) for such proposa		6. If Indian, Allottee	or Tribe Name		
SUBMIT IN TRIPLICATE – Other instructions on page 2				7 If Unit of CA/Agreement, Name and/or No NMNM70956X			
1 Type of Well	,						
Other				Well Name and No Grayburg Jackson PSU TR BB #1			
2 Name of Operator Southern Bay Oper	ating, L L C	*		9 API Well No 30-015-04443			
3a Address		3b Phone No (include area code)		10 Field and Pool or Exploratory Area			
110 Cypress Station Dr., #220 Houston, TX 77090		281-537-9920		Grayburg Jackson 7R-QN-GB-SA			
4 Location of Well (Footage Sec. T.R.M., or Survey Description)				11 Country or Parish, State			
NENE Sec 33, T17S, R30E				Eddy			
12. CHE	CK THE APPROPRIATE BO	OX(ES) TO INDICATE NATU	RE OF NOTIC	E, REPORT OR OTH	ER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent	Acidize	Deepen		ction (Start/Resume)	Water Shut-Off		
	Alter Casing	Fracture Treat		mation	Well Integrity		
Subsequent Report	Casing Repair	New Construction	_	nplete	Other		
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back		orarıly Abandon Disposal			
13. Describe Proposed or Completed (Department Clearly state all pe	rtinent details, including estimat	ed starting dat	e of any proposed wor	k and approximate dura	ation thereof.	
the proposal is to deepen direction. Attach the Bond under which the following completion of the involvesting has been completed. Find determined that the site is ready for the proposed in the pro	work will be performed or pr lyed operations If the operat I Abandonment Notices must	ovide the Bond No. on file with ion results in a multiple complet	BLM/BIA R ion or recompl	equired subsequent re etion in a new interva	ports must be filed with l, a Form 3160-4 must l	un 30 days be filed once	
9/10/09 Location clean up con	npleted and well sign poste	ed.					
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				SE	P 2 8 2009		

Accepted for record NMOCD

NOV 0 6 2009

BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE

14 I hereby certify that the foregoing is true and correct. Name (Printed/Typed)					
Juanita Ramırez	Title Manager, Production Administration				
Signature Samuel	Date 09/10/2009				
THIS SPACE FOR FEDER	AL OR STATE OFFICE US)E			
Approved by	Title	Date			
Conditions of approval, if any, are attached Approval of this notice does not warrant or cei that the applicant holds legal or equitable title to those rights in the subject lease which wou entitle the applicant to conduct operations thereon	tify .				

fictitious or fraudulent statements or representations as to any matter within its jurisdiction