## OCD-ARTESIA

Form 3160-5 (April 2004)

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

FORM APPROVED
OM B No 1004-0137
Expires March 31, 2007

5	Lease Senal No		
	NMLC 05079	7	

SUNDRY NOTICES AND REPORTS ON WELLS				NMLC 050797		
Do not use th	nis form for proposals i ell. Use Form 3160-3 (	to drill or to re-e	enter an	6 If Indian, Allottee or T	RECEIVE	
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				/ If Offit of CA/Agreement, Name and/of No.		
l Type of Well ☐ ☐ Gas Well ☐ ☐ Other			8 Well Name and No.			
2 Name of Operator Apollo Energy, LP				Russell USA # 3 NMOCD ARTE 9 API Well No.		
3a Address 4823 Ihles Road, Lake Charles	3b Phone No (include 337-502-5227	area code)	30-015-02348  10. Field and Pool, or Exploratory Area			
4 Location of Well (Footage, Sec., 663' FSL & 2000' FEL Sec. 12		Russell-Yates  11 County or Parish, State  Eddy County, NM				
12. CHECK A	PPROPRIATE BOX(ES) TO	INDICATE NATUR	E OF NOTICE, R	EPORT, OR OTHER I	DATA	
TYPE OF SUBMISSION		TYF	PE OF ACTION			
✓ Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Sta	art/Resume) Water S Well In		
Subsequent Report  ☐ Casing Repair ☐ Change Plans ☐ Plug and Abandon ☐ Temporarily A' ☐ Convert to Injection ☐ Plug Back ☐ Water Disposal			Other _			
If the proposal is to deepen dire	ed Operation (clearly state all perticutionally or recomplete horizontal he work will be performed or prov	ly, give subsurface location	mated starting date of ar	e vertical depths of all pertin	ent markers and zones.	

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 once testing has been completed Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection )

Install 4 1/2" J-55 casing, cement to surface and convert well to injection.

DENIED. OPERATOR DOES NOT HAVE AUTHORITY TO USE THIS WELL AS AN INJECTION WELL OPERATOR MUST APPLY FOR AUTORIZATION FIRST.

RI-NMOED
12/10/09

14. Thereby certify that the foregoing is true and correct Name (Printed/Typed)	1	=
Thomas G. Wright	Title Vice-President	
Signature Zharight	Date 11/5/09	
THIS SPACE FOR FEDERAL	OR STATE OFFIRE GEPTED FOR RECORD	
Approved by Approv	Title Date	
Conditions of approval, if any, are attached Approval of this notice does not warre certify that the applicant holds legal or equitable title to those rights in the subject lewhich would entitle the applicant to conduct operations thereon		
Title 18 USC Section 1001 and Title 43 USC Section 1212, make it a crime for any States any false, fictitious or fraudulent statements or representations as to any matter	person knowingly and will fully <b>SUPLEAU QUE LAND, MANAGEMENT</b> UP or within its jurisdiction <b>CARLSBAD FIELD OFFICE</b>	ted