

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires January 31, 2004

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

McElvain Oil & Gas Properties, Inc.

3a. Address

1050 17th Street #1800 Denver, CO 80265

3b. Phone No. (include area code)

303-893-0933

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

835' FNL & 1340' FEL Sec.4 T26N R2W NMPM

5. Lease Serial No.

NM 69272

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

NM 75992

8. Well Name and No.

DAVIS #1A

9. API Well No.

30-039-29663

10. Field and Pool, or Exploratory Area

Mesaverde

11. County or Parish, State

Rio Arriba, New Mexico

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="radio"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="radio"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="radio"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Casing</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat 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.)

Drilled 8 3/4" hole to 4461'. 1/05/06 Ran 97 Jts new 7" 20# J-55 csg. Casing set at 4011' KB.

Cemented as Follows:

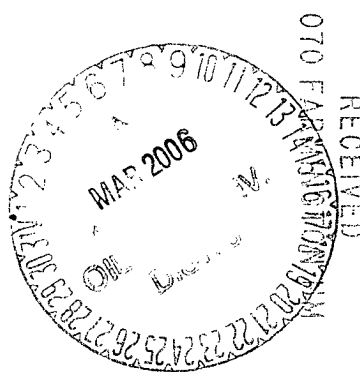
Stage 1: Lead: 192 sx 65/35 Poz 6% gel, 12.10 ppg., 2.12 yield.

Tail: 100 sx Class B 2% CC, 15.2 ppg, 1.26 yield.

Stage 2: Lead: 185 sx 65/35 Poz 6% gel, 12.1 ppg, 2.12 yield.

Tail: 50 sx Class B 2% CC, 15.2 ppg, 1.26 yield.

- Please report TOC for BOTH stages



2006 FEB 27 PM 12 58

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Deb Powell

Title **Engineering Tech**

Signature

Deb Powell

Date **Feb. 19, 2006**

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.

Office

MAR 02 2006

FARMINGTON FIELD OFFICE

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

NMUCD