

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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 **W.W. OIL & GAS, INC.**

3a. Address  
**1000 W. APACHE STREET FARMINGTON, NM 87401**

3b. Phone No. (include area code)  
**505-566-9100**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**1980' and 2277' FSL of Section 19 ( Sec. 19, T20N, R2W, NMPM )**

5. Lease Serial No.

**NMNM 106646**

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

**RIGHT ANGLE FEDERAL #1**

9. API Well No.

**30-043-20991**

10. Field and Pool, or Exploratory Area

**WILDCAT**

11. County or Parish, State

**SANDOVAL, NM**

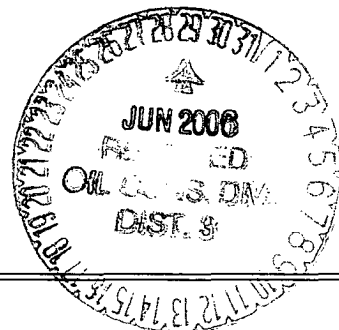
**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> 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="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>REPORT OF ABANDONMENT</b>
	<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.)

**On 03/17/2006 at 1925 circulation was lost while drilling at a depth of 1725'. An attempt to re-cement was performed on 03/17/2006 at 1925, unable to regain circulation. Decision made to shut down drilling rig, and to "Plug & Abandon" location at 0600 on 04/05/2006.**

**On 04/05/2006 at 2159 drilling completed & Patterson-Uti Drilling Rig released from drill location.**



14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

**OLIN GLOVER**

Title **SECRETARY**

Signature

Date **6/20/06**

**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

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 page 2)

**ACCEPTED FOR RECORD**

**JUN 27 2006**

**NMOCD**

**FARMINGTON FIELD OFFICE**

Form 3160-13  
(April 1993)UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## INSPECTION RECORD - ABANDONMENT

Lease No./Unit/CA NMNM98679		State NM	District Farmington Field Office		Field Area Cuba FS			
Well Name Right Angle Federal					Well Number #1		Hazard?	
API No. 30-043-20991		Location ¼ ¼ S-T-R (Lat/Long) NESW Sec. 19, T20N, R2W			Spud Date 3/11/06		Status PTA	
Operator/Representative WW Oil & Gas Inc.				Rig/Contractor/Representative Paterson 754/				
Well Type: (Check one) <input checked="" type="checkbox"/> Dry Hole <input type="checkbox"/> Depleted Producer <input type="checkbox"/> Service <input type="checkbox"/> Water Well <input type="checkbox"/> Etc.								
INSP. TYPE	ACT. CODE	INSPECTOR	OPEN DATE	CLOSED DATE	OFFICE TIME	TRAVEL TIME	INSPECT TIME	TRIPS
PD	PN	Romero	4-7-06	4-11-06	1.0	5.0	32.5	5

PLUGGING OPERATIONS	WITNESSED		
	YES	NO	N/A
1. Plugs spotted across perforations if casing set?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plugs spotted at casing stubs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Open hole plugs spotted as specified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retainers, bridge plugs, or packers set as specified?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cement quantities as specified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Method of verifying and testing plugs as specified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pipe withdrawal rate satisfactory after spotting plugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All annular spaces plugged to surface?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. INC issued?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Plug Tested: ☐ No ☐ Pressured ☒ TaggedIf tested, which plug(s): Shoe plug @ 2629'Bottom Plug: Type Plug \_\_\_\_\_ Depth(s) 4678-4778 Amount of Cement 40 sksGallup Plug \_\_\_\_\_ Depth(s) 3420-3520 Amount of Cement 40 sksShoe Plug \_\_\_\_\_ Depth(s) 2635-2735 Amount of Cement 35 sksMesa Verde Plug \_\_\_\_\_ Depth(s) 1122-1222 Amount of Cement 30 sksSurface Shoe Plug: Amount of Cement 30 sks Top of Plug 364 (364-464)Surface Plug \_\_\_\_\_ Depth(s) 50 Amount of Cement 15 sks

Cement and mechanical plug placement data (attach service company report, if available): \_\_\_\_\_

Remarks: No circulation on 1<sup>st</sup> and 3<sup>rd</sup> plugs. Surface cement to surface w/ 4 sks to pit. WOC on all plugs.