

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

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.**

DEC 08 2009

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

SAGEBRUSH OIL, INC.

3a. Address

HC 78 BOX 21  
REGINA, NM 87046

3b. Phone No. (include area code)

575-638-9137

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

J21-T18N, R3W  
1910' & 2420' FEL

5. Lease Serial No.

SF-081160F

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

SAN LUIS FEDERAL #19

9. API Well No.

30-043-20925

10. Field and Pool or Exploratory Area

SAN LUIS MESA VERDE

11. Country or Parish, State

SANDOVAL COUNTY

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

TD 1071;  
CASING:  
7' DEPTH SET 34'  
4 1/2" SET AT 1060  
PERFS @ 1016- 30' 4 SHOTS PER FOOT

RCVD DEC 9 '09

OIL CONS. DIV.

DIST. 3

PLUG WELL:  
PLACE 100' CEMENT PLUG ABOVE END OF 4 1/2" CASING; FILL CASING WITH WATER TO 100' BGL AND CAP WITH 100' CEMENT PLUG CEMENT TO SURFACE. SET DRY HOLE MARKER, RESTORE SURFACE OF LOCATION. BECAUSE OF ILLNESS & BAD WEATHER THIS WORK IS TO BE COMPLETED BY MAY 15, 2010

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

Title PRESIDENT

Signature

Date 11/28/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Original Signed: Stephen Mason

Title

Date

DEC 09 2009

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)

NMOCD