

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**OCD Hobbs**

FORM APPROVED  
OMB No. 1004-0137  
Expires: October 31, 2014

**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.*

5. Lease Serial No.  
LC-070315

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE** – Other instructions on page 2.

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator  
Fasken Oil and Ranch, Ltd.

3a. Address  
6101 Holiday Hill Road  
Midland, TX 79707

3b. Phone No. (include area code)  
432-687-1777

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
SHL - Unit Letter A, Sec. 21, T20S, R34E, 200' FNL & 185' FEL  
BHL - Unit Letter H, Sec. 28, T20S, R34E, 2309' FNL & 330' FEL

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

8. Well Name and No.  
Paloma "21" Federal No. 4H

9. API Well No.  
30-025-41947

10. Field and Pool or Exploratory Area  
Lea; Bone Spring, South

11. County or Parish, State  
Lea, New Mexico

**12. CHECK THE 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 <u>Spud &amp; Surface</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Casing</u>
	<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 recomplete 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 recompletion 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.)

7-27-14 – 7-31-14

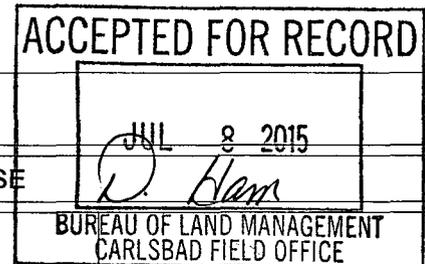
Intention to spud was reported to Pat McKelvey at the NM BLM office, 575-393-3612, at 8:00 am CDT on 7-26-14. MIRU. Spudded well at 6:30 am CDT on 7-28-14. Intent to run surface casing reported to NM BLM office at 4:00 pm CDT on 7-29-14. Drilled a 17 1/2" hole from Surface – 1675'. Set 39 jts. of 13-3/8" ST&C 54.5# J-55 & 48# H-40 casing @ 1662'. Cemented w/ Pumped 1000 sx Class "C" with 4% gel, 0.125 lbs/sx cellophane flake, and 0.2% anti foam (s.w. 13.5 ppg, yield 1.72 ft3/sx) tailed in with 350 sx Class "C" with 0.2% retarder (s.w. 14.8 ppg, yield 1.33 ft3/sx). Plug down at 9:38 am CDT 7-30-14. Circulated 195 sx excess cement. Cement to surface was witnessed by Paul Flowers with the NM BLM. Centralized middle of shoe joint, top of 2nd joint, top of 3rd joint, and every 4th joint to surface for a total of 12 bow spring centralizers. WOC Time 31 hrs. Notified Patrick McKelvey, with the NM BLM, of our intention to start pressure testing the BOP at 6:00 CDT on 7-31-14. Pressure test casing to 1200 psi.

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

Title Regulatory Analyst

Signature *Kim Tyson*

Date 10/21/2014



**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by \_\_\_\_\_ Title \_\_\_\_\_

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)

JUL 30 2015

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