Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR M. Oil Cons. DIV-Dist. 2 FORM APPROVED OMB NO. 1004-0137 BUREAU OF LAND MANAGEMENT ON WELLS NIM 882 10ease Serial No. RY NOTICES AND REPORTS ON WELLS

SUNDRY NOTICES AND REPORTS ON WELLS, NIVI DOS				NMNM53219 6. If Indian, Allottee or Tribe Name		
abandoned well. Use Form SUBMIT IN TRIPLICATE -			CEIVED	7. If Unit or CA/	Agreement, Name and/or N	
		``				
1. Type of Well X Oil Well Gas Well Other		DEC	2 1 8 2004	8. Well Name and		
2. Name of Operator				McKittrick :		
Nearburg Producing Company				#3 9. API Well No.		
3a. Address	3b. Phone No. (include an	Phone No. (include area code) 30-015-33610		0		
3300 N A St., Bldg 2, Ste 120, Midl	432/686-8235	432/686-8235 10. Field and Pool, or Exploratory Area				
4. Location of Well (Footage, Sec., T., R., M., or Survey				n; Upper Penn,		
SHL: 1200 FNL and 1470 FWL, Sec 11			Associated 11. County or P.	orish State		
BHL: 1650 FNL and 990 FWL, Sec 11, 22S, 24E					NM	
12. CHECK APPROPRIATE	BOY(ES) TO INI	DICATE NATURE OF		Eddy DRT OR OTHE		
TYPE OF SUBMISSION	BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION					
THE OF SUBMISSION	TIPE OF ACTION					
Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off	
TWI	Alter Casing	Fracture Treat	Reclamation	n [Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplete	. []	Other Prod csq	
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily	y Abandon a	and cmt	
	Convert to Injection Plug Back Water Dis		Water Disp			
Drld to 8460'. RU csg crew and r casing. Ran freepoint and casing Interfill C + additves and tail w sxs Halliburton Light Premium Plu Released rig @ 1500 hrs 10/13/04.	ran 206 jts 7" S y free @ 5000'. u/ 225 xsx Super us + additives.	Set csg at 8311'. H + additives.Pre ND BOPE and set s	Cmt csg as mium Plug +	follows: Le additives. f csg and je	ad - 350 sxs 2nd Lead - 1000 t pits.	
			DEC ALEXIS C PETROLEU	2 2004 OLA D. SWOBODA JM ENGINEER	}	
14. I hereby pertify that the foregoing is true and correct Name (12 rinted Typed)		Title				
Sarah Jordan	Production Analyst					
/ boldon	wa.	Date 11/9/04	Date 11/9/04			
THIS	S SPACE FOR FEE	DERAL OR STATE OF	FICE USE			
Approved		Title		Date		
Conditions of approval, if any, are attached. Approval o certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the	those rights in the sub	varrant or Office ject lease				