

**NM OIL CONSERVATION  
ARTESIA DISTRICT**

Form 3160-5  
(June 2015)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

DEC 12 2017  
OCD Artesia

FORM APPROVED  
OMB No. 1004-0137  
Expires: January 31, 2018

**RECEIVED**

**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. NM 41646

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 Wagner Oil Company

3a. Address 500 Commerce St., Ste. 600  
Fort Worth, TX 76102

3b. Phone No. (include area code)  
(817) 335-2222

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
990 FNL and 880 FEL, Unit A, Sec. 26 T26S R29E

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

8. Well Name and No. BD Federal 1

9. API Well No. 30-015-25351

10. Field and Pool or Exploratory Area  
Brushy Draw - Delaware

11. Country or Parish, State  
Eddy County, NM

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"/> Hydraulic Fracturing	<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 recompleate 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 recompleation 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 detennined that the site is ready for final inspection.)

P&A'd WELL IN RESPONSE TO 19.15.5.9 NMAC Compliance Letter. 11/15/17

*SC 12-13-17*  
**Accepted for record - NMOCD**

LOAD HOLE WITH PXA MUD BETWEEN ALL PLUGS.  
SET CIBP @ 5040'. TEST CIBP & CASING TO 500 PSI. APPROVED BY MANDALA WITH BLM ON LOCATION  
PLUG #1 - CIBP @ 5040' + 25SKS CEMENT CL. "C" 14.8 PPG DISPLACED WITH 28 BBLS MUD  
PLUG #2 3659-3529' 25 SKS CEMENT CL. "C" 14.8 PPG DISPLACED WITH 20 BBLS MUD. WAIT ON CMT 4 HRS. TAGGED CMT @3379' -  
MANDALA ON LOCATION TO WITNESS CMT TAG.  
PLUG #3 3070-2795' 25 SKS CEMENT CL. "C" 14.8 PPG DISPLACE WITH 16 BBLS MUD, WAIT OVERNITE ON CMT.  
CALLED AND NOTIFIED MANDALA-HE OK'D - TAGE CMT PLUG @ 2701'.  
PLUG #4 550-350' 25 SKS CEMENT CL. "C" 14.8 PPG, DISPLACE WITH 2 BBLS MUD. PERFORATE @ 63'. RIG UP PUMP & ESTABLISH  
CIRCULATION. PUMP PLUG #5 @ 63' CIRCULATE CEMENT TO SURFACE 20 SKS CL. "C" 14.8 PPG CIRCULATE TO SURFACE. SHUT DOWN.  
WAIT FOR WELDER.

DIG OUT WELLHEAD AND ANCHORS  
CUT OFF WELLHEAD, WELD ON CAP WITH SURFACE MARKER  
BACKFILL AND DRESS OFF LOCATION  
FINAL P&A 11/15/17

**RECLAMATION  
DUE 5-15-18**

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

P&A SUPERVISOR  
Title

Signature

*Devyn Hayley*

Date

11/21/2017

*Accepted for Record*

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

Approved by

*James E. Amos*

Title *Supv. AGT*

Date *12-8-17*

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

*CKO*

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)