

UNITED STATES **OCD-ARTESIA**  
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 **NOV 08 2007**

2. Name of Operator **LOUIS FULTON dba CFM OIL CO** **OCD-ARTESIA**

3a. Address  
**PO BOX 1176 ARTESIA, NM 88211**

3b. Phone No. (include area code)  
**505-746-4787**

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

**UNIT LETTER G: 1980 FT FROM THE NORTH LINE AND 1980 FT FROM THE EAST LINE  
SEC 31, TOWNSHIP 16S, RANGE 30E NMPM EDDY COUNTY**

5. Lease Serial No.  
**NM08529**

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No  
**ETZ FEDERAL WELL #3**

9. API Well No.  
**30-015-03955**

10. Field and Pool, or Exploratory Area  
**SQ LAKE GRYBRG SAN ANDRES**

11. County or Parish, State  
**EDDY CO NEW MEXICO**

**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 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>CHANGE OF OPERATOR</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 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.)

**I ACCEPT ALL APPLICABLE TERMS, CONDITIONS, & STIPULATIONS PERTAINING TO THIS LEASE.  
MY BOND NUMBER IS #20715.**



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

**LOUIS FULTON**

Title **OWNER**

Signature

Date

**10/12/2007**

**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 - NMOC

11/21/07