N.M. Oil Cons. DIV-Dist. 2

Form 3160-5 (August 2007)

UNITED STATES

1301 W. Grand Avenue

FORM APPROVED OMB No 1004-0137

DEPARTMENT OF THE INTERIOR THESIA, NM 88210 BUREAU OF LAND MANAGEMENT ST. Lease

Expires: July 31, 2010

				NMNM036718			
SUNDRY N Do not use this for abandoned well.	6. If Indian, Allottee or	r Tribe Name					
SUBMIT	7. If Unit of CA/Agree	ement, Name and/or No.					
1. Type of Well				1			
Oil Well Gas W	8. Well Name and No. Brotar Federal #3						
2. Name of Operator Slayton Resources, Inc.				9. API Well No. 30-005-61825			
3a. Address		3b. Phone No. (include area co	ode)	10. Field and Pool or E	Exploratory Area		
P. O Box 2035 Roswell, NM 88202-2035		575-623-7184		Buffalo Valley Penn	ı ·		
4. Location of Well (Footage, Sec., T., 1990 FNL & 990 FEL Section 19, T15S, R28E	R.,M., or Survey Description)		11. Country or Parish, Chaves Co. NM	State		
12. CHEC	K THE APPROPRIATE BO	X(ES) TO INDICATE NATUR	E OF NOTIO	CE, REPORT OR OTH	ER DATA		
TYPE OF SUBMISSION		TY	PE OF ACT	ION		 in	
✓ Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat		luction (Start/Resume) lamation	Water Shut-Off Well Integrity		
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon		omplete aporarily Abandon	Other Temporary Shut-	in	
Final Abandonment Notice Convert to Injects		Plug Back		Water Disposal			
	ally or recomplete horizonta work will be performed or pr red operations. If the operat Abandonment Notices must r final inspection) ting of March 30, 2010 with	lly, give subsurface locations and ovide the Bond No. on file with ion results in a multiple completi	d measured a BLM/BIA. I ion or recomp nts, including r, Stephen (nd true vertical depths of Required subsequent repoletion in a new interval reclamation, have been caffen and Eddie Fitz	of all pertinent markers and zones, ports must be filed within 30 days al, a Form 3160-4 must be filed one in completed and the operator has		

DENIED

Title	Agent				
Date	Date 08/23/2010				
EDERAL	OR STATE OFFICE USE				
1 1	PETROLEUM ENGINEER	SEP 0 1 2010			
nnt or certify h would		· · · · · · · · · · · · · · · · · · ·			
ny person knowingly and willfully to make to any department or agency of the United States any false liction. **Completed for record - NMOCD** **Completed for record - NMOCD*					
	PEDERAL mut or certify the would my person listenses	PETROLEUM ENGINEER Title Title Office Topic PIELD OFF The person knowingly and willfully to make to any department of the person knowingly and willfully to make to any department.			