Form 3160-5 (August, 1999)		EPARTN	NIT ST IEN'. JF T OF LAND M		ERIOR MENT	N.N 1301 W	011 1. D V. G)ns.)i√-Dist }rand A	FORM APPF 2MB No. 100 Expires: Novemb CENUE	OVED 04-0135 er 30, 2000	USF
	SUNDRY	NOTIC	ES AND R	EPORT	S ON WELLS	Artes	sia,	NMIM88	2/100		
]					or to re-enter an		6	. If Indian, Allo	ottee or Tribe Nar	ne	
al	bandoned w	ell. Use H	Form 3160-3	(APD) f	or such proposal	s.					
1. Type of Well	UBMIE INC.	RIPLIC/	TE-Other	Instructi	ons on reverse sid	e Japan	7	'. If Unit or CA	Agreement, Nan	ie and/or No.	
Dil Well	X	Gas Well	Other		4678	9101172	8	. Well Name at	nd No.	• • • •	
2. Name of Operator	r	·		<u></u>	/ (3 ^h) k	ied		Excalit API Weil No.	our "20" Fed	eral Com #	1
DOMINION OF	KLAHOMA -	TEXAS E	XPLORATI	ON & PF	RODUCTION, IN	I C ुीम	<u>्</u> ष्ट्रभ् न	API weil No.	ane in	1110	
3a. Address	1400	0 Quails	Springs Pa		3b. Phone No. (inc	lude afea code)		30	-005-65	<u>160</u>	
Suite 600, Okl				-	(405) 749-6	263 TESI	1		ol, or Explorator	y Area	
4. Location of Well	(Footage, Sec.,	1., K., M., 0	r Survey Descrip	stion)	is our		Ļ	1. County or P	s (Morrow)		
1190' FNL & 2	180' FWL, U	JL C, Se	c. 20-15S-2	9E	and the second s	and the second sec		-	s County, N	M	
12. CHE	CK APPROI	PRIATE E	BOX(ES) TO	INDICA	TE NATURE OF	NOTICE, R	EPOF	RT OR OTH	ER DATA	· · · ·	<u> </u>
TYPE OF	TYPE OF SUBMISSION TYPE OF ACTION										
Notice	of Intent		Acidize	[Deepen	Producti	ion (Sta	art/Resume)	Water Shut-Of	f	
			Altering C	asing	Fracture Treat	Reclama	ation		Well Integrity		
X Subseq	uent Report		Casing R	epair	New Construction	Recomp	plete	Þ	Other		
			Change P	Plans	Plug and Abandon	Tempor	arily Ab	andon C	Cement Casi	ng.	
Final A	bandonment No	otice	Convert t	o Injection	Plug Back	Water D	Disposal	۱			<u></u>
If the propos Attach the following co testing has determined 4-6-02	sal is to deepen of Bond under which moletion of the in been completed that the site is rea	directionally of the work work work worked open I. Final Aba adv for final in S. 5 1/2",	or recomplete ho vill be performed ations. If the op indonment Notic nspection.) 17#, P-110	orizontaliv. c or provide f eration resu es shall be fi	details. including estima ive subsurface location the Bond No. on file w Is in a multiple comple led only after all requir sg., set @ 10,15	ns and measure ith BLWBIA.	ed and t Require etion in ing recla	true vertical der ad subsequent r a new interval amation, have b	oths of all pertinen eports shall be fil , a Form 3160-4 peen completed a	t markers and : ed within 30 da shail be filed o nd the operator	zones. vs nce
14. I hereby certify Name (Printed/T		ng is true an	d correct			1					
		arla Chri	stian			т	itle	Regulato	ory Specialis	<u>t</u>	
Signature (Cile	<u>, (</u>	hus	tia	\sim	<u>l</u>	Date	4/22/200			
ing starting the	COEPTE	A PAR	SPACER	DR FED	ERAL OR STA	TE OFFI	CEI	SEAT	e zekka	et a stand	4 .12.2.61
Approved by	OFIG.SG	DIDAV	DR.GL	455		Title				Date	
Conditions of ann	proval, if anna policant	re áttacheo legal or et	ditable title to	those rian	does not warrant or ts in the subiect leas	se Office		<u></u>			
Title 18 U.S.C. Se United States any	ection 1000 /av	old inter 43 L Sectionalization	ASS Section	1212, mak s or repres	es it a crime for any entations as to any r	person knowi matter within i	ingly a Its juris	nd willfully to r diction.	make to any de	partment or ag	gency of the



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