(August 1999)	UNITED ST		044 0	Dil Cons. ( . 1st Stree	et	FORM APPROVED	
	DEPARTMENT OF T	HE INTERIOR				Axpires November 30, 2000	
SUND	BUREAU OF LAND M	FOODTS ON		a, mini our		e Serial No.	
Do not use f	this form for proposal.	s to drill or to	re-enter :	an l		046119-A dian, Allottee or Tribe Name	
abandoned w	vell. Use Form 3160-3	APD) for such	proposals	<b>R.</b>			
SUBMIT IN TRIPLICATE - Other instructions on reverse side					7. If Ur	7. If Unit or CA/Agreement, Name and/or No.	
I. Type of Well							
<ul> <li>Coil Well Gas Well Other</li> <li>Name of Operator Beach Exploration, Inc.</li> <li>3a. Address800 N. Marienfeld Ste. 200 3b. Phone No. (include area code)</li> </ul>						Name and No. 9	
					9. API	<u>s Federal Well No.6</u>	
Midland, Texas 79701 915/683-6226						10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					High	High Lonesome (Queen)	
Unit I, Sec. 17, T16S, R29E					11. Coun	11. County or Parish, State	
1980' FSL & 660						r Co., NM	
	PPROPRIATE BOX(ES	) TO INDICAT	E NATUR	E OF NOTICE,	REPORT, C	OR OTHER DATA	
TYPE OF SUBMISSION	<u> </u>	· · · · · · · · · · · · · · · · · · ·	TYP	E OF ACTION			
Notice of Intent	Acidize	Deepen		Production (St	art/Resume)	Water Shut-Off	
	Alter Casing	Fracture	Treat struction	Reclamation		Well Integrity	
L Subsequent Report	Change Plans	-	Abandon	Recomplete     Temporarily A	handon	U Other	
Final Abandonment Notice	Convert to Injection	D Plug Bac		Water Disposa			
Pursuant to 43 CF continuous produc	R3107.2-3, Beac tion effective	h Explora September	tion, I: 1, 200	nc. wishes 0. date of	to advi	se that well is on	
•			-,	-,	operate		
						erration (a)	
					୍_୍ରCOF	3D OF	
				DRIG. SGD.)	DAVIDIF	LASS	
			(C	JHIG. SOLY			
			-	. · · · · · · · · · · · · · · · · · · ·	n/31		
			-			C OCT FRE	
. I hereby certify that the foregoin	g is true and correct		t t t t t t t t t t t t t t t t t t t		2001		
Name (Printed/Typed)	g is true and correct	<del> </del>			2001		
	g is true and correct			roduction	2001		
Name (Printed/Typed)	Interne		Title Pr Date 4-	roduction -5-2001			
Name (Printed/Typed) Barbara Watson	Interne	FOR FEDERA	Title Pr Date 4-	roduction			
Name (Printed/Typed) Barbara Watson Signature	Interne	FOR FEDERA	Title Pr Date 4-	roduction -5-2001			
Name (Printed/Typed) Barbara Watson Signature fulling (Control of approval, if any, are a	<u>Mathma</u> THIS SPACE	tice does not warr	Title Pr Date 4- AL OR STA Title	roduction -5-2001			
Barbara Watson	THIS SPACE attached. Approval of this no l or equitable title to those ri	tice does not warr	Title Pr Date 4- AL OR STA Title	roduction -5-2001 TE OFFICE USE			

LEIVED

APR 0 9 2001

BLM DSWELL, NM