Form 3160-5 (August 1999)

U...ΓED STATES DEPARTMENT OF THE INTERIOR.

BUREAU OF LAND MANAGEMENT

5. Lease Serial No.

NM 0437523

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

6. If Indian, Allottee or Tribe Name

OMB NO. 1004-0135

Expires: November 30, 2000

FORM APPROVED CIGHT

abandoned well. Use For	m 3160-3 (APD) for	such proposals.			
SUBMIT IN TRIPLICATE - Other instructions on reverse side 293031				7. If Unit or CA/Agreement, Name and/or	
1. Type of Well Oil Well X Gas Well Other 2. Name of Operator FOG Resources Inc. 3a. Address P.O. Box 2267 Midland, Texas 7970 4. Location of Well (Footage, Sec., T., R., M., or Survey 2175 FSL & 786 FWL, Unit L Sec 18, T18S, R30E		RECEI OCD 3b. Phone No. (include the 915, 686 3689	VED &	API Well O - (10. Field and Sand Tank	18 Fed C om 1
12. CHECK APPROPRIATE	BOX(ES) TO IND	DICATE NATURE OF N	NOTICE, REP		
TYPE OF SUBMISSION	TYPE OF ACTION				
Subsequent Report Final Abandonment Notice Final Abandonment Notice 13. Describe Proposed or Completed Operation (clear If the proposal is to deepen directionally or recompetation of the involved operations. Testing has been completed. Final Abandonment determined that the final site is ready for final inspective specific proposed in the state of the	plete horizontally, give sufformed or provide the fif the operation results in Notices shall be filed or ction.) 3/4" casing set without Cemente WOC. Tagged cement that the thru 1", WOC.	ils, including estimated starting ubsurface locations and meas Bond No. on file with BLM, in a multiple completion or really after all requirements, including the starting of	Reclamation Recomplet Recomplet Temporaril Water Disp Ing date of any propored and true ver BIA. Required secompletion in a reluding reclamation Lus. ACCE ACCE	y Abandon posal posed work an tical depths of ubsequent repo new interval, a on, have been c	all pertinent markers and zone rits shall be filed within 30 day Form 3160-4 shall be filed on completed, and the operator has a second completed.
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)		Title			
Name (Printew Typeu) Stan Wagner	Requiatory Analyst				
Stan Wagner		Date 9/24/02	==-:=	<u>-</u> -	
ТН	S SPACE FOR FEI	DERAL OR STATE OF	FICE USE		
Approved by		Title		Ī	Date
Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations	o those rights in the sut	varrant or oject lease			