Form 3160-5 (August 1999)

## UN. LD STATES

DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

CIST

	DUDGATION LAND MAND	ヘヘヒン	ACNIT'						
BUREAU OF LAND MANAGEMENT						5. Lease Serial No.			
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.						NM24160 6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICATE - Other instructions on reverse side						7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well TA d  2 Oil Well Gas Well	Other	<del>- ,</del>				8. Well i	Name a	and No.	
2. Name of Operator								ederal #7	
St. Mary Land & Exploration c/o Nance Petroleum Corpo					rporation	9. API W			
3a. Address 3b. Phone No. (include of									_
				)245-6248			10. Field and Pool, or Exploratory Area Parkway Yates		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)									_
Unit Letter: K						11. Count	y or ra	rish, State	
1980' FSL & 2080' FWL Sec. 35-T19S-R29E						Eddy	, NI	M	
	PROPRIATE BOX(ES) TO	O IN	DICATE NATI	IDE O	E NOTICE D	EPOPT O	D OT	PUED DATA	_
12. CHECK AP	PROPRIATE BOX(ES) IT	O IIA	DICATENAT	JKE U	F NOTICE, K	EI OKI, U		THER DATA	_
TYPE OF SUBMISSION TYPE OF ACTION									
	Acidize		Deepen		Production (Star	t/Resume)		Water Shut-Off	
☐ Notice of Intent	☐ Alter Casing		Fracture Treat		Reclamation			Well Integrity	
	Casing Repair		New Construction		Recomplete		Ø	Other Renew/Extend	i
Subsequent Report	☐ Change Plans	$\overline{\Box}$	Plug and Abandon		Temporarily Ab	andon		TA status	
Final Abandonment Notice	Convert to Injection		Plug Back		Water Disposal				
The Osage Federal on top and circula Attached is the charached we wish to renew a plug it claiming i potential we prefe	#7 was TA'd in May ting the casing wi art from a Mechani nd extend the TA s t had waterflood p r to extend the TA	ith ical state oote	packer flu Integrity us of this ntial. As atus rathe	Teswellern the	t (MIT) pe l. The pr have not h han plug f	erformed revious had time it at th	De ope	cember 18,2000. rator did not assess this	ıt
			12/	גן או	OOL				<u>-</u>
<ol> <li>I hereby certify that the foregoin Name (Printed/Typed)</li> </ol>	ng is true and correct		1						
Herb Thackera	у		Title	Ор	erations [	Engineer	•		_
Signature Albut R	Thackeray		Date	01,	/08/01				
	THIS SPACE I	FOR	FEDERAL OR	STATE	E OFFICE USE	<b>E</b>			
Approved by	ood) doe g. lar			Title 1	stroloum ?n		Date	1/31/2001	_
Conditions of approval, if any, are certify that the applicant holds legi	attached. Approval of this notice all or equitable title to those right	ce doe		Office	CFO				

CCD-Artesia