Form 3160-5 (September 2001)

RECEIVED UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

JUN 02 2011

FORM APPROVED
OM B No. 1004-0135

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ese Serial No.				_

NM-077282

CILDAN IN LUIDI IN RTE MARANIMAKAMAKAMA	7 IFILE:
SUBMIT IN TRIPLICATE- Other instructions on reverse sid	6. 7 If Unit or CA/Agreement, Name and/or No.
1. Type of Well ∩ □ □ Gas Well . ■ Other	8. Well Name and No.
2. Name of Operator Parametring LLC Chu Za Oil Co., Inc.	North East Hogback Unit #0.33 9. API Well No.
3a. Address 3b. Phone No. (include area coa	
P.O. Box 5226, Farmington, NM 87499 505-334-9312 4. Location of Well (Footoge, Sec., T., R., M., or Survey Description)	10. Field and Pool, or Exploratory Area Horseshoe Gallup
K-11-30.ON-16W, 2120 FSL, 1830 FWL Lat: 36.8272482339 Long:-108.46978977	11. County or Parish, State
, , , , , , , , , , , , , , , , , , ,	San Juga NM
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF N	OTICE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF A	***************************************
Acidize Decree	eduction (Start/Resume) Water Shut-Off
Winding of Patent	clamation Well Integrity
Subsequent Report Casing Repair New Construction Rec	complete Other Temporary Shut in
Tribal Absoroment Notice	nporarily Abandon
Convert to Injection Plug Back Wa	uer Disposal
	E RECEIVED
	PECEIVED OIL CONS. DIN. OISI. 3
LAST Moduction Related 12-1-2009 Well	In Active - 10 a Complant of
	Innchive - non Compliant He
LAST Pladuction Resolted 12-1-2009 Well Thoreby certify that the foregoing is true and correct Name (Printed/Typed) Debbie Baldwin Title Bookkeeper	Inactive - non Complant of
Name (Printed/Typed)	In Active - non Compliant He
Name (Printed/Typed) Debble Baldwin Title Bookkeeper	11ACTIVE - NON COMPLANT HE
Name (Printed/Typed) Debble Baldwin Signature Title Bookkeeper Date THIS SPACE FOR FEDERAL OR STATE O	11ACTIVE - NON COMPLANT HO
Name (Printed/Typed) Debbie Baldwin Signature Title Bookkeeper Date THIS SPACE FOR FEDERAL OR STATE Of the proved by Original Signed: Stephen Mason Title	11ACTIVE - NON COMPLANT HE
Name (Printed/Typed) Debble Baldwin Signature Title Bookkeeper Date THIS SPACE FOR FEDERAL OR STATE O	11ACTIVE - NON COMPLANT HO