

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

OCT 15 2012

FORM APPROVED
OMB No 1004-0137
Expires October 31, 2014

SUNDRY NOTICES AND REPORTS ON WELLS Field Office
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMSF-080536

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
McElvain Energy, Inc.

3a. Address
1050 17th St, Suite 2500, Denver, CO 80265

3b. Phone No (include area code)
303-893-0933

7. If Unit of CA/Agreement, Name and/or No

8. Well Name and No.
ORA #8

9. API Well No.
30-039-29702

10. Field and Pool or Exploratory Area
West Lindrith Gallup -Dakota

4. Location of Well (Footage, Sec, T., R., M., or Survey Description)

1150' FSL & 930' FWL Sec 15 T25N R3W NMPM

11. County or Parish, State
Rio Arriba, New Mexico

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other MIT
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

MIT completed on the Ora #8 5/31/2012. Test report Attached.

TA approved 11/1/13

RCVD NOV 7 '12
OIL CONS. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)

Deborah Powell

Title Eng Tech Manager

Signature

Date 06/15/2012

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Original Signed: Stephen Mason

Title

Date

NOV 06 2012

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U S C Section 1001 and Title 43 U S C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

NMOCDAV



NEW MEXICO ENERGY, MINERALS and
NATURAL RESOURCES DEPARTMENT

RCVD MAY 31 '12
OIL CONS. DIV.

DIST. 3

MECHANICAL INTEGRITY TEST REPORT

(TA OR UIC)

Date of Test 31-MAY-2012 Operator McELVANE API # 30-0 39-29702

Property Name ORA Well # 8 Location: Unit M Sec 15 Twn 25 Rge 3

Land Type:

State _____
Federal _____
Private _____
Indian _____

Well Type:

Water Injection _____
Salt Water Disposal _____
Gas Injection _____
Producing Oil/Gas _____
Pressure observation _____

Temporarily Abandoned Well (Y/N): _____ TA Expires: _____

Casing Pres. 0 Tbg. SI Pres. _____ Max. Inj. Pres. _____
Bradenhead Pres. 0 Tbg. Inj. Pres. _____
Tubing Pres. 0
Int. Casing Pres. _____

Pressured annulus up to 620 psi. for 30 mins. Test passed/failed

REMARKS: 1000 LBS SPRING 60 MINUTE CLOCK
PRESSURED UP CASING TO 620 PSI. PRESSURE
HELD FOR 30 MINUTES

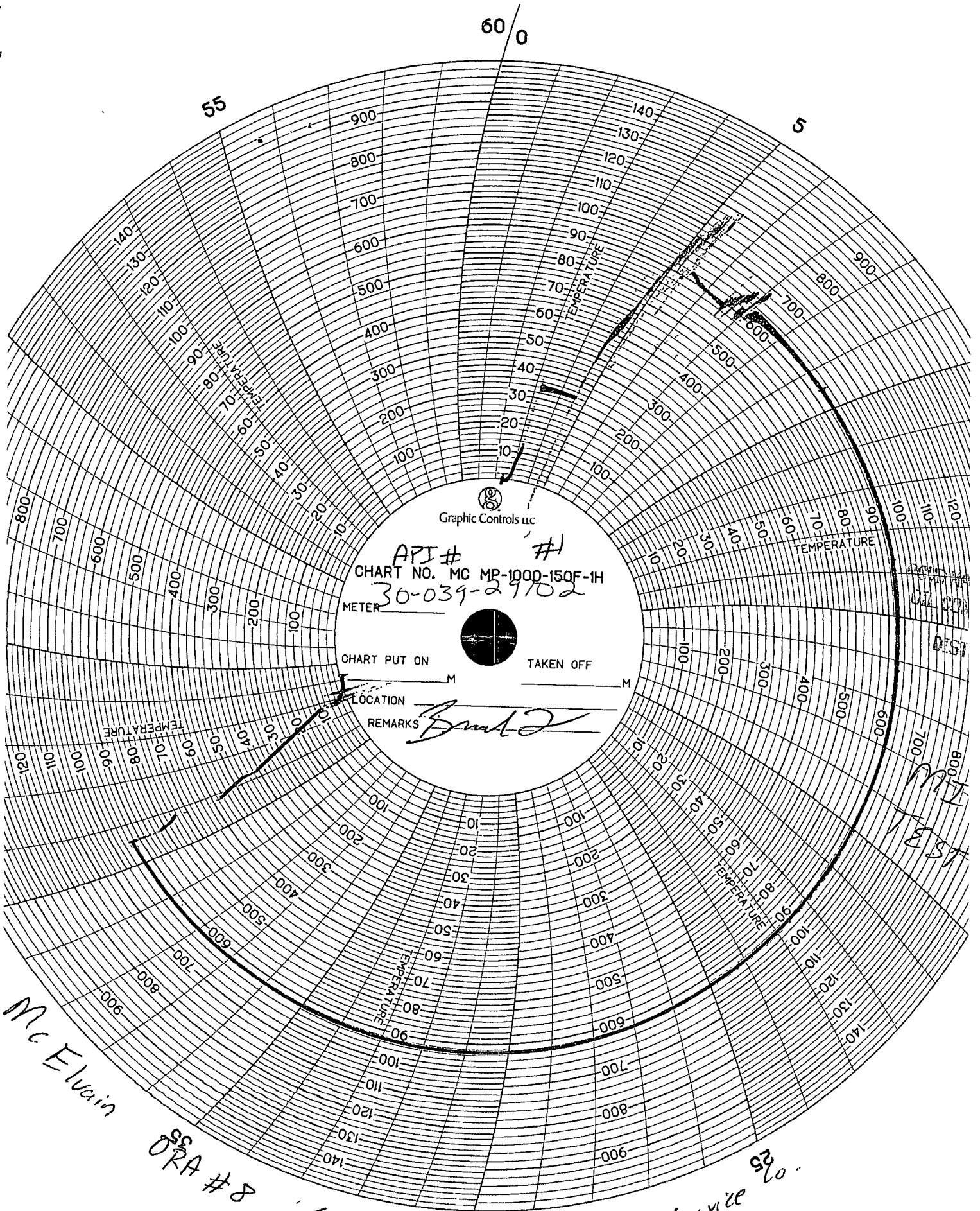
By Glen A. Hew
(Operator Representative)

Witness [Signature]
(NMOCD)

Operations Supervisor
(Position)

Revised 02-11-02

A



Graphic Controls LLC

API # #1
CHART NO. MC MP-1000-150F-1H
30-039-29102

METER

CHART PUT ON

TAKEN OFF

LOCATION

REMARKS

Brat 2

Mc Elvain

ORA #8

5/31/12

B. Lucas

Wilson Service

390