Form 3160-5 (August 1999)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No 1004-0135 Expires: November 30, 2000

| SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to differ the property of the later and the proposals.                                                                                                                                                                       |                                                                                                                                                                                         |                                                                          |                                                            | <ul> <li>5. Lease Serial No<br/>NM - 114942</li> <li>6. If Indian, Allottee or Tribe Name</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| SUBMIT IN TRIPLICATE - Other instructions on reverse                                                                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                          | int                                                        | 7 If Unit or CA/Agreement, Name and/or No.                                                           |
|                                                                                                                                                                                                                                                                                                      | TRIPLICATE - Other i                                                                                                                                                                    | nsfructions on reverse side                                              |                                                            |                                                                                                      |
| Type of Well     ☐ Oil Well    ☐ Gas Well    ☐ Other                                                                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                          | 3                                                          | 8. Well Name and No<br>ALMAGRE ARROYO 30 #1                                                          |
|                                                                                                                                                                                                                                                                                                      | CORP, LTD                                                                                                                                                                               |                                                                          |                                                            | 9 API Well No.                                                                                       |
| C/O Walsh Engineering & Prod. Corp.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |                                                                          |                                                            | 30-039-30083                                                                                         |
| 3a. Address 7415 East Main St. Farmington, NM 87402 3b. Phone No. (include (505) 327-4892                                                                                                                                                                                                            |                                                                                                                                                                                         |                                                                          | code)                                                      | 10 Field and Pool, or Exploratory Area West Puerto Chiquito Mancos                                   |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                               |                                                                                                                                                                                         |                                                                          |                                                            | 11. County or Parish, State                                                                          |
| 2605' FSL & 2400' FWL Sec                                                                                                                                                                                                                                                                            | . 30, T24N, R01E                                                                                                                                                                        |                                                                          | Rio Arriba, NM                                             |                                                                                                      |
| 12. CHECK AI                                                                                                                                                                                                                                                                                         | PPROPRIATE BOX                                                                                                                                                                          | ES) TO INDICATE NA                                                       | TURE OF NOTI                                               | CE, REPORT, OR OTHER DATA                                                                            |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                         | TYPE                                                                     | OF ACTION                                                  |                                                                                                      |
| Notice of Intent                                                                                                                                                                                                                                                                                     | ☐ Acidize                                                                                                                                                                               | ☐ Deepen                                                                 | Product                                                    | tion (Start/Resume) Water Shut-Off                                                                   |
| and items of intent                                                                                                                                                                                                                                                                                  | Alter Casing                                                                                                                                                                            | Fracture Treat                                                           | ☐ Reclam                                                   | · · · · · · · · · · · · · · · · · · ·                                                                |
| ✓ Subsequent Report                                                                                                                                                                                                                                                                                  | Casing Repair                                                                                                                                                                           | New Constructi                                                           | _                                                          | <u> </u>                                                                                             |
| Final Abandanasa Makin                                                                                                                                                                                                                                                                               | Change Plans                                                                                                                                                                            | ☐ Plug and Abanc                                                         |                                                            | rarily Abandon SUNDRY                                                                                |
| Final Abandonment Notice                                                                                                                                                                                                                                                                             | Convert to Injectio                                                                                                                                                                     | <del>-</del>                                                             | <del></del>                                                | Disposal cosed work and approximate duration thereof.                                                |
| and the operator has determined that the Schlumberger ran the following 03/18/07 Vision Service 5"/103/20/07 Vision Resistivity - 03/29/07 GeoVision Resistivity 04/21/07 Array Induction Tool/005/07/07 Ran 4-1/2" liner as foll 31 jts., slotted, 4-1/2", 11.6#, J-1 Top of liner is @ 4586'KB. No | open hole logs: 00' (VD) 2340'- 6464 Blended 1"/100' (TV ity Images 2202'-surf Gamma Ray-SP 1"/100 lows: 55, LT&C & 28 jts pla ocement.  tubing to 4582' and sv ce ran 170 jts of 8rd 2 | '. D) 2340'-6449'. ace '(MD) & 5"/100' (TVD), in 4-1/2", 11.6, J-55, LT& | Vision Service 5"/; C. Botton of liner bls of fluid, 265bb | @ 7069'KB, slotted liner from 7069'-5815'                                                            |
|                                                                                                                                                                                                                                                                                                      | ·                                                                                                                                                                                       | uction.                                                                  | ·                                                          |                                                                                                      |
| <ol> <li>I hereby certify that the foregoing is to<br/>Name (Printed/Typed)</li> </ol>                                                                                                                                                                                                               | rue and correct                                                                                                                                                                         | i                                                                        |                                                            |                                                                                                      |
| Gwen Brozzo                                                                                                                                                                                                                                                                                          | - Andrew -                                                                                                                                                                              | Title                                                                    | Produc                                                     | ction Tech.                                                                                          |
| Signature Office                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                         | Date                                                                     | June 1                                                     | 3, 2007                                                                                              |
|                                                                                                                                                                                                                                                                                                      | THIS SPA                                                                                                                                                                                | CE FOR FEDERAL O                                                         | R STATE OFFI                                               | CE USE                                                                                               |
| - V                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |                                                                          |                                                            |                                                                                                      |
| Approved by                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                         | Title                                                                    |                                                            | Date                                                                                                 |
| Conditions of approval, if any, are attached. App certify that the applicant holds legal or equitable which would entitle the applicant to conduct one                                                                                                                                               | title to those rights in the sul                                                                                                                                                        | II                                                                       | ee                                                         | ACCEPTED FOR RECORD                                                                                  |

Title 18 U.C.S. Section 1001 and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make any department or agency of the United JUNI 19 2007 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



