

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED
OMB No 1004-0137
Expires July 31, 2010

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.

SUBMIT IN TRIPLICATE – Other instructions on page 2.		5. Lease Serial No NMSF 078883
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name DIST. 3
2. Name of Operator Huntington Energy, L.L.C.		7. If Unit of CA/Agreement, Name and/or No. Canyon Largo Unit
3a. Address 908 N W 71st St Oklahoma City, OK 73116		8. Well Name and No. Canyon Largo Unit #489
3b. Phone No (include area code) 405-840-9876		9. API Well No. 30-039-30039
4. Location of Well (Footage, Sec, T, R, M, or Survey Description) SWNE 2280' FNL & 1920' FEL Sec 18, T25N-R6W		10. Field and Pool or Exploratory Area Basin Dakota
		11. Country or Parish, State Rio Arriba Co., NM

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 Completion Detail
	<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	

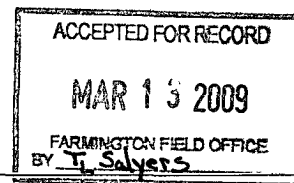
13. Describe Proposed or Completed Operation. Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths 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.)

2/3/09: RIH W/SCHLUMBERGER. RUN RST LOG FROM 7861'-5000'. BUILD BATTERY & PIPELINE.

3/8/09: RU BASIN WIRELINE & RUN GR, CCL & CBL 7856' TO SURFACE. TESTED CSG, ALL VALVES, FLANGES & BOP TO 5000# 10 MINS – OK. ✓
PULLED BLIND FLANGE, INSTALLED ISOLATION TOOL, TESTED TOOL TO 5000#/10 MINS – OK. RU BASIN W/L RIH W/ 3" HSC PERF GUN AND PERF W/4 SPF, USING PREMIUM CHARGES, 7721' – 7732' (11 FT) FOR A TOTAL OF 44 – 0.41" HOLES. SHUT IN WELL. RD BASIN.

3/10/09: FRAC'ED WELL W/ HALLIBURTON. SHUT WELL IN FOR 6 HOUR AND BEGIN FLOWBACK @ 21:00 HOURS 3/10/09.
FRAC REPORT: RU HALLIBURTON AND TEST LINES TO 6000#. ACIDIZED W/588 GALS 15% HCL. FRAC'ED WELL W/28708 GAL OF WHICH 22,816 GALS WAS 17 CP 70 Q DELTA 200 FRAC FLUID CONTAINING 35100# (30,490# IN FM) OF 20/40 CRC SAND AND A TOTAL OF 681.000 SCF N2 AT AN AVG BH RATE OF 25.2 BPM AND AVG WHTP OF 4251#. SHUT WELL IN FOR 6 HOURS.
NOTE: ABOVE RATES, VOLUMES AND QUALITIES ARE AVERAGE BOTTOM HOLE VALUES, PRESSURES ARE AVERAGE WELLHEAD TREATING PRESSURE.

3/11/09: FLOW TEST FOR 8 HRS. FCP: 80#; ESTIMATED RATE: 500 MCF, 32 BBLS WTR. ✓



NMOCD TUBING EXCEPTION EXPIRES 04/20/2009

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Catherine Smith		Title Regulatory
Signature <i>Catherine Smith</i>		Date 03/11/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
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)

NMOCD