

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

JUN 09 2010

FORM APPROVED
OMB No 1004-0135
Expires: January 31, 2004

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 reverse side.

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator **SAGEBRUSH OIL, INC**

3a. Address
HC 78 BOX 21 REGINA, NM 87046

3b. Phone No (include area code)
575-638-9137

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1910' FSL & 2240' FEL SEC. 21 T. 18N R.3 W

5. Lease Serial No.

NMSF-081160F

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

SAN LUIS FEDERAL NO 19

9. API Well No.

3008432014 30-043-20925

10. Field and Pool, or Exploratory Area
SAN LUIS MESAVERDE

11. County or Parish, State

SANDOVAL, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|-----------------------------------------------|-------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input type="checkbox"/> Other EXTENSION |
| <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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

REQUEST PERMISSION FOR A NEED FOR AN EXTENSION TO SEPTEMBER 30, 2010 TO PLUG SAN LUIS FEDERAL NO 19 BECAUSE OF NESSARY RADIATION TREATMENT DURING THE NEXT SIX WEEKS, 5 DAYS A WEEK, IN ADDITION FOR A CHANCE TO CONTINUE TO RECOVER MENTALY & PHYICALY RESULTING FROM THE SEVERE AFTER AFFECTS OF CHEMO THERAPY. ATTACHED IS A LETTER FROM NEIL PATEL, MD RECOMMENDING THAT PLUGGING OPERATIONS BE SUSPENDED TO ALLOW TREATMENT. PREVIOUS OPERATOR WAS GIVEN EXTENTION FOR EYE SURGERY PLUS MANY OTHER EXTENSIONS OVER A PERIOD OF YEARS.

RCVD JUN 14 '10

OIL CONS. DIV.

DIST. 3

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

BETH CHARLES

Title **PRESIDENT**

Signature

[Signature]

Date

06/06/10

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Original Signed: Stephen Mason

Title

Date

JUN 11 2010

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

[Signature]



The Cancer Center at Presbyterian
8300 Constitution Ave. NE, Building D
Albuquerque, NM 87110
Phone: (505) 559-6100
Fax: (505) 559-6101
www.phs.org

Bureau of Land Management
Farmington Field Office
1235 La Plata Highway
Farmington, NM 87401
Stephen Mason

Ms. Hand needs further radiation treatment for the next 6 weeks, 5 days a week. She will be required to come to the cancer center daily for 6 weeks. It is my opinion that all plugging operations be suspended until the radiation treatments are completed so she may come to the cancer center. The extension of time will allow the radiation treatments to be given.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Neil Patel', written over a horizontal line.

Neil Patel, MD