Form 3160-5 (February 2005)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No 1004-0137 Expires. March 31, 2007 5 Lease Serial No

SUBMIT IN TRIPLICATE - Other instructions on page 2 15 Unit of CA/Agreement, Name and/or No	Do not use this fo	OTICES AND REPORT orm for proposals to o Use Form 3160-3 (APD	irill or to re-enter an	•	
POIL Well Gas Well Other SAM Well No. Sample Complete Complete Complete Complete Decizionally give substricted locations and measured and true vertical depths of all perment details, including estimated starting date of any proposed work and approximate during the control following completion of the involved operations. If the operation results in a multiple completion in a new increval, a firm also from the second of the complete date when the second of the complete date and the operator has determined that the size is ready for final inspection. A Describe Proposed of Completed Operation Clearly state all pertinent details, including estimated starting date of any proposed work and approximate during the treating has been completed. Proposed of Complete Operations of the proposed of Complete Operations. If the operation results in a multiple completion in a new increval, a form all 160-4 must be determined that the size is ready for final inspection. The operation of the involved operations. If the operation results in a multiple completion or recompletion in a new increval, a form all 160-4 must be filled once the proposed of final inspection. Proposed of Completed Operation Shall the operation results in a multiple completion or recompletion in a new increval, a form all 160-4 must be filled once the proposed operations. If the operation results in a multiple completion or recompletion in a new increval, a form all 160-4 must be filled once thinking the proposed operations. If the operation results in a multiple completion or recompletion in a new increval, a form all 160-4 must be filled once the proposed operations. If the operation results in a multiple completion or recompletion in a new increval, a form all 160-4 must be filled once that the size is ready for final inspection. Proposed of Operation of the involved operations. If the operation results in a multiple completion or recompletion in a new increval.				7 If Unit of CA/Agree	ement, Name and/or No
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Address SOX 39500 SOX 3950	Name of Operator C OPERATING, INC	/	V	30-025	-30127 Fundamentary Appe
Location of Welf (Footge, Suc. T.R.M. or Survey Descentary) 12 CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA	Address BOX 50820	* * * * * * * * * * * * * * * * * * * *	*	Rhodes	Hates-Seven Twa
TYPE OF SUBMISSION Acadize Deepen Production (Start/Resume) Water Shut-Off	Unithetter "	会りを発音が	KIM DM	LEA COUNTY, NEV	N MEXICO
Notice of Intent	12 CHEC	K THE APPROPRIATE BOX(ES) TO INDICATE NATURE	OF NOTICE, REPORT OR OTH	IER DATA
Nouce of Intent	TYPE OF SUBMISSION		TYI	PE OF ACTION	
Final Abandonment Notice Convert to Injection Plug Back Water Disposal Describe Proposed or Completed Operation Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones the proposal is to deepen directionally provide the Bond No on file with BLM/BIA. Required subsequent reports must be filed within 30 days Atlanch 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 once following completion of the involved operations. If the operation recompletion or recompletion in a new interval, a Form 316-04 must be filed once testing has been completed. For final once following completion of the involved operation has determined that the site is ready for final inspection.) CHANGE OF OPERATOR EFFECTIVE 8-1-07 FROM SMITH & MARRS, INC. RECEIVED JAN 0 6 2009 HOBBSOCD Title PRESIDENT MICHAEL BLACK Title PRESIDENT Date APPROVED This SPACE FOR FEDERAL OR STATE OFFICE USE Approved by		Alter Casing Casing Repair	Fracture Treat New Construction	Reclamation Recomplete	Well Integrity ✓ Other CHANGE OF
3 Describe Proposed or Completed Operation Clearly state all pertunent details, including estimated starting date of any proposed work and approximate duration thereof the proposal is to deepen directionally or recomplete horizontally, give substrace locations and measured and true vertical depths of all pertunent markers and zones the proposal is to deepen directionally or recomplete horizontally, give substrace locations and measured and true vertical depths of all pertunent markers and zones Attach the Bond No on file with BLM/BIA Required subsequent reports must be filed within 30 days 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 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 Attach the Bond under which the work will be filed once following completion or recompletion in a new interval, a Form 316-04 must be filed once testing has been completed and the operator has determined that the site is ready for final inspection.) CHANGE OF OPERATOR EFFECTIVE 8-1-07 FROM SMITH & MARRS, INC. RECEIVED JAN 0 6 2009 HOBBSOCD 14 Thereby certify that the foregoing is true and correct Name (Primed/Typed) MICHAEL BLACK Signature Date THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by Approved by	Final Abandonment Notice	Convert to Injection	Plug Back		
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HOBBSOCD 4 I hereby certify that the foregoing is true and correct Name (Printed/Typed) MICHAEL BLACK Signature THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by HOBBSOCD Title PRESIDENT Date JEC 2 0 2008	• •				
4 I hereby certify that the foregoing is true and correct Name (Printed/Typed) MICHAEL BLACK Signature Title PRESIDENT Date THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by LEC 2 0 2008	•			JAN 0 6	2009
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Signature Date 25/08 APPROVED THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by V. T. Date 2 0 2008	Name (Printed/Typed)	true and correct	Title PRESI	DENT	D-
Approved by 1/2 2 0 2008		Wullet		725/08 A	PPROVED
Approved by		THIS SPACE F	OR FEDERAL OR S	TATE OFFICE USE	
	Approved by	Ki	Title		1 20 2008 1

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 BUREAU OF LAND MANAGEM 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 of agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction fictitious or fraudulent statements or representations as to any matter within its jurisdiction