

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS
RECEIVED

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

APR 28 2009

HOBBSOCD

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

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Injection

2. Name of Operator

Stephens & Johnson Operating Co.

3a. Address

P.O. Box 2249 Wichita Falls TX 76307-2249

3b. Phone No. (include area code)

(940) 723-2166

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

Sec 35, T14S, R37E 1980' FNL & 460' FEL

5. Lease Serial No

State

6. If Indian, Allottee or Tribe Name

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

8910087370

Denton North Wolfcamp Unit
8. Well Name and No
Denton North Wolf- Tr 6-30
camp Unit

9. API Well No.

30-025-05201

10. Field and Pool, or Exploratory Area

Denton Wolfcamp

11. County or Parish, State

Lea County

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

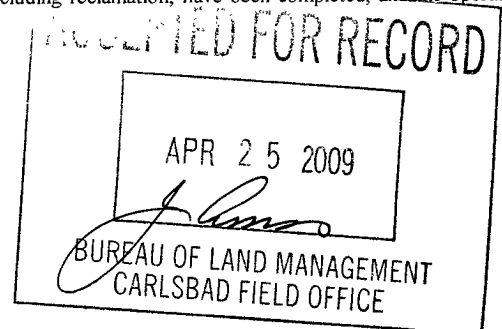
TYPE OF ACTION

- | | | | |
|---|--|--|---|
| <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 |
| <input type="checkbox"/> Change Plans | <input checked="" type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | <u>Intent to P&A</u> |
| <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 recomplete 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 recompletion 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 final site is ready for final inspection.)

Proposal:

1. TOOH w/injection tbgs. and pkr.
2. Set 5 1/2" CIBP @ 9080' with 20' cmt.
3. Set 50 sx.cmt. plug from 4800-4530 to cover base of salt
4. Set 35 sx cmt plug from 2335-2235' to cover top of salt.
5. Set 35 sx cmt plug 510-410'.
6. Set 5 sx cmt plug 10-0'.



****Note:** This well is a State well; however, Tract 1 is Federal. Therefore, we respectfully request that the BLM update the well status in their database.

* SEE OCD C-103 ADDITIONS/CORRECTIONS MAB 4/30/2009

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Devire D Crabb

Title Production Analyst

Signature

Devire D Crabb

Date April 13, 2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

DISTRICT 1 SUPERVISOR

Date MAY 01 2009

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