Form 3160-5 (August 1999)

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

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

| 5. | Lease Serial No. | _ |
|----|------------------|---|
| | TC-055546 | |

| SUNDRY | NOTICES AND | REPORTS | ON WELLS |
|-----------------|----------------|---------------|-------------------|
| Do not use this | form for propo | sals to drill | or to re-enter as |
| abandoned well | . Use Form 316 | 0-3 (APD) for | such proposals. |

| | LC-0 | 55546 | |
|----------|-----------|------------------------|---|
| <u> </u> | If Indian | Allottee or Tribe Name | _ |

| · | · · · · · · · · · · · · · · · · · · · | | | | | | |
|--|---------------------------------------|---|--|---|-----------------------------|--|--|
| SÜBMITANTA | į | 7. If Unit or CA/Agreement, Name and/or No. | | | | | |
| 1. Type of Well | LANGLIE JAL UNIT | | | | | | |
| | komer Water Inje | ection Well | <u>.</u> | 8. Well Name and No. | | | |
| 2. Name of Operator | AMTRIC COMPARIS TI | NIC . | | | LANGLIE JAL UNIT 57 | | |
| 3a. Address | ATING COMPANY II | 3b. Phone No. (inc | lude area code) | 9. API Well No. | | | |
| • | MIDLAND TX 7970: | | | 30-025-23884 10. Field and Pool, or Exploratory Area | | | |
| 4. Location of Well (Footage, Sec. | | | | LANGLIE | | | |
| 2030' FSL & 81 | 0' FWL Sec. 5, | T25S, R37E | UL L | 11. County or Parish, | | | |
| | | | | LEA COUNTY, NM | | | |
| | PROPRIATE BOX(ES) TO | | · | EPORT, OR OTHE | ER DATA | | |
| TYPE OF SUBMISSION | | | TYPE OF ACTION | | | | |
| CSr se de cer | Acidize | Deepen | Production (Star | t/Resume) 🔲 War | ter Shut-Off | | |
| Notice of Intent | Alter Casing | Fracture Treat | Reclamation | | Il Integrity | | |
| Subsequent Report | Casing Repair | New Construction | = | ☐ Oth | eactivate | | |
| ☐ Final Abandonment Notice | Change Plans Convert to Injection | ☐ Plug and Abando☐ Plug Back | Temporarily Ab Water Disposal | andon Re | activate | | |
| testing has been completed. Findetermined that the site is ready MI & RU May 20 Repair if nece Restore well t | 02 . TOH with ssary. | downhole e | | MINER N DIVISION O. 87 | pleted, and the operator ha | | |
| 14. I hereby certify that the foregoin Name (Printed/Typed) | ng is true and correct | | | | | | |
| M. A. Sirgo, | My. | Title | Engineer | | | | |
| Signature | · digo I | Date | October 26, | 2001 | | | |
| | THIS SPACE F | OR FEDERAL OR | STATE OFFICE USE | | | | |
| Approved by | | | Title | Date | | | |
| Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to | il or equitable title to those rights | | 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.