

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

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 **Perenco LLC**

3a. Address
6 Desta Dr., Ste. 6800 Midland, TX 79705

3b. Phone No. (include area code)
432 682-8553

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

SL: **760' FSL and 760' FEL, UL P, Sec 31, T16S, R25E**

APR 08 2004

DEPT-ARTESIA

5. Lease Serial No.
NM90947

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
33196

8. Well Name and No.
Thames 31 Federal No. 1

9. API Well No.
30-015-33139

10. Field and Pool, or Exploratory Area
Wildecut Abo

11. County or Parish, State
Eddy Co., New Mexico

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

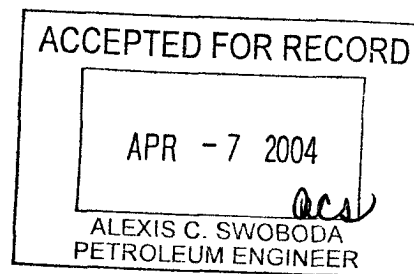
TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<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 type="checkbox"/> Other
	<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.)

03/06/04 Acidize horizontal lateral thru pre perforated liner 3254-8207' MD.

Loaded wll with 40 bbls of water. 800 psi at 40 bbl/min. Pumped 65,000 gallons
15% NEFE HCl acid at a rate of 122 bbls/min.
Flushed acid with 245 bbls slick water. 4200 psi at 122 bbls/min.

ISIP - 603 psi.
5 minutes - 664 psi
10 minutes - 596 psi
15 minutes - 532 psi



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

Robin S. McCarley

Title **Engineering Technician**

Signature

Robin S. McCarley

Date

04/01/2004

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

Title

Date

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.