Form 3160-5 (February 2005)

DEPARTMENT OF THE INTERIOR

UNITED STATES BUREAU OF LAND MANAGEMENT

	FORM	1 AP	PR	OV	ED
	OMB I	No	100	4-0	137
	Expires	Mai	rch	31,	200
ana Camal Na					

5 Lease Serial No NM-0488813

6 If Indian, Allottee or Tribe Name

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.

abandoned well. U	Ise Form 3160-3 (A	(PD) for su	ch proposal	s.			
SUBMIT IN TRIPLICATE – Other instructions on page 2			7 If Unit of CA/Agree	ment, Name and/or No			
1 Type of Well							
✓ Oil Well Gas Well Other					8 Well Name and No Cameron "31" Federal No. 1		
2 Name of Operator Fasken Oil and Ranch, Ltd.			9 API Well No 30-015-20907				
3a. Address 303 West Wall St , Suite 1800, Midland, TX 79701		3b Phone No (include area code) 432-687-1777		10 Field and Pool or Exploratory Area			
				Wildcat; Yeso			
4 Location of Well (Footage, Sec., T.R. 1650 FSL & 1650 FEL, Sec. 31, T20S, R25E	,M , or Survey Description	n)			11. Country or Parish, Eddy, NM	State	
12 CHECI	K THE APPROPRIATE BO	DX(ES) TO IND	DICATE NATURI	E OF NOTIC	E, REPORT OR OTHE	ER DATA	
TYPE OF SUBMISSION			TY	PE OF ACTI	ON		
Notice of Intent	Acidize Alter Casing	Deep	oen ture Treat	==	ction (Start/Resume) Water Shut-Off mation Well Integrity		
Subsequent Report	Casing Repair	=	Construction	==	nplete	Other	
Final Abandonment Notice	Change Plans Convert to Injection	L Plug ✓ Plug	and Abandon Back		orarily Abandon Disposal		
testing has been completed. Final A determined that the site is ready for 8-16-11 ~ 8-31-2011 MIRU. RU Man Welding Service and from 2848'-3022' w/ 278,300 gals crosstarted unit @ 5 pm MDT. Cleaned	final inspection.) d installed isolation tool a psslink fluid & acid; 174, location.	and tested BOF 134 lbs sand.	o and wellhead t	o 1500 psi f 7/8" EUE 8r	or 10 minutes with no d J-55 tubing @ 2836 ACCEPTE SE BUREAU 0	leaks. Frac. Lower	Yeso Perfs bump.
14 I hereby certify that the foregoing is tr Name (Printed/Typed)	ue and correct				CARLS	SAU FIELD OFFICE	
Kim Tyson			Title Regulate	ory Analyst	***		
Signature Rim Typn			Date 09/19/20	011			
	THIS SPACE	FOR FEDE	ERAL OR ST	ATE OFF			
Approved by Conditions of approval, if any, are attached that the applicant holds legal or equitable to					Accepte	MOCD	PS:
entitle the applicant to conduct operations t		0 0 mm 0 f	organ knowingly	nd wallfuller	make to any desert	l or agonou afet. I last 1	Ctotos a f-1
Title 18 U.S C. Section 1001 and Title 43 I fictitious or fraudulent statements or representations.				no willfully to	make to any department	or agency of the United	States any false