rorm 3160-5 August 2007) UNITED STATES DEPARTMENT OF THE INTERIOR OCD Artesia BUREAU OF LAND MANAGEMENT			5. Lease Serial No.	FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010 5. Lease Serial No. <u>NM LC057798</u> <u>M 117806</u> 6. If Indian, Allottee or Tribe Name N/A		
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.						6. If Indian, Allottee
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well				N/A	8. Well Name and No.	
Oil Well Gas Well Other				11, 17, 19, 21	11, 17, 19, 21	
2. Name of Operator Joe L. Tarver				9. API Well No. 300153 <del>7736</del> , 3001	19. API Well No. 30015 <del>37736</del> , 3001537742, 3001537744, 3001537746	
3a. Address 3b. Phone No. (include area code)   12403 CR 2300, Lubbock, TX 79423 .				10. Field and Pool or	10. Field and Pool or Exploratory Area	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)				Yates-Seven River	11. Country or Parish, State	
4. Location of wen ( <i>rootage</i> , sec., <i>r.</i> , <i>k.</i> , <i>M.</i> , <i>or survey Description</i> )				Eddy		
12. CHEC	K THE APPROPRIATE BOX(	ES) TO INDICA	TE NATURE OF N	NOTICE, REPORT OR OTH	IER DATA	
TYPE OF SUBMISSION	· · · · · ·			ACTION		
	Acidize	Deepen		Pröduction (Start/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture T	reat	Reclamation	Well Integrity	
Subsequent Report	Casing Repair	New Const	truction	Recomplete	Other	
	Change Plans	Plug and A	bandon	Temporarily Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal	rk and approximate duration thereof. If	
testing has been completed. Final <i>d</i> etermined that the site is ready for This is a request to flare gas as need Gas in the past has been sold to Fro <b>RECEIVE</b> DEC <b>2 6</b> 2012 <b>NMOCD ARTES</b> 14. I hereby certify that the foregoing is tr	final inspection.) ded to produce these wells. ontier. Frontier is limited in th FIELLS & NMOCD A	neir capacity for the second sec		months and can not take of Accesses NN Accesses NN ACL SEE ATTACH	bur gas on a regular basis. <b>HOCD</b> AOCD AOCD AOCD AOCD	
Joe L. Tarver		Title	e Operator	•	······································	
Signature	Jan	Date	2			
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE USE		
Approved by Approvel, if any, are attached	/s/ JD Whitlock Jr		Title 5PE	=7	Date 12/20/12	
that the applicant holds legal or equitable ti entitle the applicant to conduct operations t	the to those rights in the subject le		Office	0		
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repre			knowingly and will	fully to make to any departme	nt or agency of the United States any false,	
(Instructions on page 2)	· · · · · · · · · · · · · · · · · · ·					

۲