

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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OCD Artesia

JAN 22 2013

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

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
Caza Operating, LLC

3a. Address
200 North Loraine, Suite 1550, Midland, Texas 79701

3b. Phone No. (include area code)
432 682 7424

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

252' FNL & 1900 FEL, Sec 27, T-23-S, R-27-E

5. Lease Serial No.
NM-112915 SL VB 1139

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
CA NM 128667 pending

8. Well Name and No.
Forehand Ranch 27 State Com # 1H

9. API Well No.
30 015 39844

10. Field and Pool, or Exploratory Area
Wildcat, Bone Spring

11. County or Parish, State
Eddy County, 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 checked="" 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.)

12-3-2012_Perforate 4-1/2" Csg w/ Tbg Conveyed Gun 11,798-11,632' (3 clusters) (54) .4" holes. Acidize w/ 4000 gals 15% HCL.

12-4-12 thru 12-6-12_Frac Horizontal Lateral in 12 stages. Total 648 .4" holes in 3 clusters per stage. Perf Cluster 1= 11,798-11,632; Perf Cluster 2=11,495-11,268; Perf Cluster 3=11,145-10,926; Perf Cluster 4=10,803-10,587; Perf Cluster 5= 10,435-10,242; Perf Cluster 6=10,105-9,899; Perf Cluster 7= 9,746-9515; Perf Cluster 8= 9,363-9,182; Perf Cluster 9=9,035-8,836; Perf Cluster 10= 8,673-8,490; Perf Cluster 11=8,359-8,130; Perf Cluster 12= 7,988-7,750. Used total 62,500 Gals 15% HCL + 12,000 lbs 100 mesh sand + 540,000 lbs 20/40 white + 1,507,500 lbs 20/40 PPC. Gel System 20 lb Turquoise. Total Load 45,059 Bbls.

12-7-12 thru 12-8-12_ Drill out Flow thru frac plugs with Coil Tubing. Coil tubing Unit down with 3 plugs left to drill Release coil for Repairs.

12-8-12 thru 12-11-12_ Flow Test Well while w/o coil tubing repairs.

12-12-12_ Finish drill out of final 3 plugs. Return to Well Testers.

Accepted for record
NMOCD
1/23/2013

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

Richard L. Wright

Title Operations Manager

Signature

Richard L. Wright

Date 12/21/2012

ACCEPTED FOR RECORD

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

Office

Date JAN 17 2013

CARLSBAD FIELD OFFICE