Form 3160-5 (April 2004)

OCD-ARTESIA **UNITED STATES**

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 200'

BUILD OF EARD MANAGEMENT					5. Lease Serial No.		
SUNDRY NOTICES AND REPORTS ON WELLS				NM-24160			
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 or Tribe Name			
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No. PARKWAY DELAWARE UNIT			
1. Type of Well Gas Well Other				8. Well Name a	· ·		
2. Name of Operator ST. MARY LAND & EXPLORATION COMPANY				PDU, WELL #515 9. API Well No.			
3a Address 580 WESTLAKE PARK BLV	3b. Phone No. (include area code) 713/416-7215		10. Field and Pool, or Exploratory Area				
4. Location of Well (Footage, Sec.,	l			Y DELAWARE			
O, 1270' FSL & 1980' FEL, S		DEC _ 7 2005		11. County or Parish, State			
		Ø.	OD-AFTIES	A EDDY, NN	1		
	PPROPRIATE BOX(ES) TO			PORT, OR O	THER DATA		
TYPE OF SUBMISSION		TY	PE OF ACTION				
Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construction	Production (Start Reclamation Recomplete		Water Shut-Off Well Integrity Other CANCEL APD DUE		
Final Abandanment Notice		Plug and Abandon Plug Back	Temporarily Abar Water Disposal	ndon	TO INCORRECT WELL LOCATION		
following completion of the investing has been completed. Fit determined that the site is ready WELL WAS STAKED IN STAKED IN THE CORRI REQUEST TO CANCEL A NEW APD IS BEING P	ne work will be performed or provided operations. If the operation made Abandonment Notices shall be fifted from the first operation.) WRONG LOCATION, SHOW ECT LOCATION, A BURIED THE ORIGINAL APD THAT REPARED AND WILL BE SULLAVE ANY QUESTIONS, TIF	esults in a multiple compiled only after all requirer ULD HAVE BEEN 19 PIPELINE WAS IN TOWNS APPROVED 10 IBMITTED SHORTL	letion or recompletion in a nents, including reclamati 80' FROM west LINE FHE AREA AND THE 1/19/05.	a new interval, a Fion, have been con . WHEN THE	orm 3160-4 shall be filed once inpleted, and the operator has		
14. I hereby certify that the force Name (Printed/Typed)	oing is true and correct	Title RE	GULATORY AGENT	Γ			
Signature State	XXXXX	Date	11/2	9/2005			
	HIS SPACE FOR FE	EDERAL OR ST	ATE OFFICE U	SE			
	oe G. Lara	FOR F	LD MANA	GER _{Date}	DEC 0 5 2005		
Conditions of approval, if any, are at certify that the applicant holds legal of which would entitle the applicant to a	or equitable title to those rights in the	es not warrant or the subject lease Off	carls	AD FIE	LD 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 arrymatter within its jurisdiction.