| | | Ó | $\mathcal{I}\mathcal{V}$ | | | | | |
|---|--------------------------|--|--------------------------|----------------------------|---------------------------------|--|-------------------------------|----------------|
| | | NMU | ja | ENTER | | | | |
| Form 3160-5 | | NTMO Artes UNITED STATI | 28 | AFMS | | | ORM APPROVED | |
| (March 2012) | DEH | ARTMENT OF THE | INTERIOR | | | OMB No. 1004-0137 Expires: October 31, 2014 | | |
| | BUR | EAU OF LAND MAN | Г | | 5. Lease Serial No. NM 12557 | | | |
| | | IOTICES AND REPO | | | | 6. If Indian, Allottee or | | |
| | | orm for proposals : Use Form 3160-3 (A | | | | | N/A | |
| | | | | | ð. | 7. If Unit of CA/Agree | Norma and/or No | |
| SUBMIT IN TRIPLICATE - Other instructions on page 2. I. Type of Well | | | | | | 7. If Dist of CAAgios | N/A | |
| | | | | 8. Well Name and No. | DUNCAN FEDERAL #12 | 2 | | |
| 2. Name of Operator | JALAPEN | O CORPORATION | ORATION | | | 9. API Well No. 30-005-64277 | | |
| 3a. Address | PO BOX 180 | | | . (include area code) 0 | | 10. Field and Pool or Exploratory Area WILDCAT, SAN ANDRES, SOUTH | | |
| 4. Location of Well (Foo | | R., M., or Survey Description | | 11. County | | nty or Parish, State | | |
| | | 2145' FNL & 694' FWL | SEC. 18, T-95, R- | 28-E | CHAVI | | | |
| | 12. CHEC | K THE APPROPRIATE BO |)X(ES) TO INI | DICATE NATURE | E OF NOTIO | E, REPORT OR OTHE | R DATA | |
| TYPE OF SUBMI | SSION | TYPE OF ACTION | | | | | | |
| Notice of Intent | | Acidize | | pen ture Treat | | uction (Start/Resume) | Water Shut-Off Well Integrity | |
| | | Casing Repair | | Construction | | mplete | Other surface cas | ing & |
| | | Change Plans | = | and Abandon | = | porarily Abandon | cementing | |
| Final Abandonment | Final Abandonment Notice | | 🗖 Plug | Back | Wate | r Disposal | | <u> </u> |
| determined that the si $9/17/15 - Will I B$ | - | FACE STRING TO AT 61 | יו | | | | | |
| | | | | | | | NODECTION | |
| | | N 600 FEET OF 24# 8 5/ | | MONUAT. THE | CASING | IS ON SITE FOR BLN | INSPECTION. | |
| 9/22/15 WE IN I | END TO CE | MENT SURFACE CASIN | G. | | | | | |
| THE ABOVE INFO | RMATION | VAS FAXED (575-627-02 | 76) AND CALL | LED INTO THE F | ROSWELL | BLM OFFICE (575-62 | 27-0205) ON 9/17/15. | |
| WE TALKED TO E | OB HOSKIN | ISON. | | nn | ah1 | ′N! | VI OIL CONSERVA | ATION |
| | | | C | AD! | | 5 | ARTESIA DISTRICT | Г |
| | | | | Contoci 261 262/261 | Secord | | OCT 07 2015 | |
| | | | | TARA-STOR | - | | | |
| | | | · | | | <u> </u> | RECEIVED | <u> </u> |
| 14. I hereby certify that the | | ue and correct. Name (Printe | d/Typed) | | | _ / _ | \sim | • |
| | H. EMMON | S YATES HI | | | RESIDEN | | | |
| Signature | G | (m | | Date 09/17/20 | ACCE | TED FOR BE | | |
| | | THIS SPACE | FOR FEDE | RAL OR ST | ATE OF | | | |
| Approved by | | \mathbf{J} | | | | SLI 2. SA | · · | |
| that the applicant holds legal | or equitable ti | Approval of this notice does the to those rights in the subject | | | BURE | AU OF LANY MANAGE | MENT | |
| | 1 and Title 43 | U.S.C. Section 1212, make it a | | | d willfully to | make to any department | or agency of the United Star | tes any false, |
| fictitious or fraudulent state (Instructions on page 2) | ments OF repre | sentations as to any matter with | hin its jurisdictio | <u>n.</u> | <u>_/</u> | | <u> </u> | |
| A DER LID CHORNELLE | | | | | - | • | | |

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(Instructions on page 2)