

Form 3160-
(April 2004)

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OCD - ARTESIA

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

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

5. Lease Serial No.

Serial No. NM 27801

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

TUESDAY FEDERAL #1

9. API Well No.

30-015-25511

10. Field and Pool, or Exploratory Area

PARKWAY

11. County or Parish, State

Ерду, 'НН

1. Type of Well ☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator RAY WESTALL

3a. Address
Box 4 Long Hills NM

3b. Phone No. (include area code)
505-677-2370

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

1400' FNL & 990' FWL

SEC 3 T205 - R29E

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 type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off	
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input 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 checked="" type="checkbox"/> Other	<u>CORRECT PERFS</u>
	<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 recompletes 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 recompletion 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.)

ON SUNDRY NOTICE DATED 9/13/06
9/6/06 PERF BONE SPRINGS 9310-9378 w/20 SHOTS
SHOULD READ
PERF BONE SPRINGS 7984-8082 w/20 SHOTS

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

Title Geologist

Signature

Date 12/18/06

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title	Author	Year	Journal	Volume	Issue	Page
1. The Effect of Temperature on the Rate of Reaction	John Doe	2018	Journal of Chemical Kinetics	45	3	123-135
2. Kinetic Study of the Reaction Between Hydrogen Peroxide and Potassium Iodide	Jane Smith	2019	Journal of Physical Chemistry	123	1	45-58
3. The Influence of pH on the Stability of Enzymes	Michael Brown	2020	Journal of Biochemistry	156	2	78-92
4. Kinetic Analysis of the Reaction Between Nitrogen Dioxide and Carbon Monoxide	Sarah White	2021	Journal of Environmental Chemistry	78	4	210-225
5. The Effect of Catalyst Concentration on the Rate of Reaction	David Green	2022	Journal of Catalysis	321	1	101-115

Date _____

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.

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 any matter within its jurisdiction.

(Instructions on page 2)

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Form 3160-4
(April 2004)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Dry ☐ Other
b. Type of Completion: ☐ New Well ☐ Work Over ☐ Deepen ☒ Plug Back ☒ Diff. Resvr.,
Other _____

2. Name of Operator

3. Address Box 4 Loca Hills WNM

3a. Phone No. (include area code)
505 677-2370

4. Location of Well (Report location clearly and in accordance with Federal requirements)*

At surface 1400' FNL & 990 FWL

At top prod. interval reported below SAME

At total depth SAME

14. Date Spudded
4-28-86

15. Date T.D. Reached

16. Date Completed 9/15/06
☐ D & A ☒ Ready to Prod.

18. Total Depth: MD 11,700
TVD

19. Plug Back T.D.: MD 9270
TVD

20. Depth Bridge Plug Set: MD
TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)

22. Was well cored? ☐ No ☐ Yes (Submit analysis)
Was DST run? ☐ No ☐ Yes (Submit report)
Directional Survey? ☐ No ☐ Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
<u>2 7/8</u>	<u>8100</u>	<u>NONE</u>						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) <u>BONE SPRING</u>			<u>7984-8082</u>	<u>.38</u>	<u>20</u>	
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, etc.

Depth Interval	Amount and Type of Material
<u>7984-8082</u>	<u>2000 GAL 15% HCL</u>
	<u>64,000 GAL GEL WTR 99,000 # SD</u>

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
<u>10/2/06</u>	<u>10/25</u>	<u>24</u>	<u>→</u>	<u>15</u>	<u>45</u>	<u>20</u>	<u>36</u>		<u>PUMP</u>
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			<u>→</u>						

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			<u>→</u>						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			<u>→</u>						

*(See instructions and spaces for additional data on page 2)

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd.) ☐ Geologic Report ☐ DST Report ☐ Directional Survey
☐ Sundry Notice for plugging and cement verification ☐ Core Analysis ☐ Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) _____ Title _____

Signature _____ Date _____

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