## OCD-ARTESIA

Form 3160-5

## UNITED STATES

JAN 28 2008

FORM APPROVED

(April 2004) DEPARTMENT OF THE INTERIO BUREAU OF LAND MANAGEMENT	
SUNDRY NOTICES AND REPORTS O	NWELLS NM-01119
Do not use this form for proposals to drill or abandoned well. Use Form 3160-3 (APD) for s	to re-enter an 6 If Indian Allottee or Tribe Name
SUBMIT IN TRIPLICATE- Other instructions of	on reverse side.  7 If Unit or CA/Agreement, Name and/or No
Type of Well Gas Well Other	8 Well Name and No
2 Name of Operator ENCORE OPERATING, L.P.	ENCORE 31 AVALON #1 9 API Well No
	No (include area code) 30-015-35714
4 Location of Well (Footage, Sec., T, R, M, or Survey Description)	BURTON FLAT MORROW
SEC. 31 T20S-R28E 660' FNL & 1260' FEL	11 County or Parish, State
	EDDY, NM
12. CHECK APPROPRIATE BOX(ES) TO INDICATE	NATURE OF NOTICE. REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION
Notice of Intent  Acidize Deepen Alter Casing Fracture T	Production (Start/Resume) Water Shut-Off  Freat Reclamation Well Integrity
Subsequent Report Casing Repair New Cons	
Change Plans Plug and A  Change Plans Plug and A  Convert to Injection Plug Back	
If the proposal is to deepen directionally or recomplete horizontally, give subsurfa Attach the Bond under which the work will be performed or provide the Bond No following completion of the involved operations. If the operation results in a multesting has been completed. Final Abandonment Notices shall be filed only after determined that the site is ready for final inspection.)  12-28-07 DRILLED 12 1/4 HOLE TO 2609' SET 9 5/8" 40# j-55 INT	cluding estimated starting date of any proposed work and approximate duration thereof face locations and measured and true vertical depths of all pertunent markers and zones of on file with BLM/BIA. Required subsequent reports shall be filed within 30 days altiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once all requirements, including reclamation, have been completed, and the operator has a represented in the operator of the properties of t
14 I hereby certify that the foregoing is true and correct	
Name (Printed/Typed)	Title REGULATORY MANAGER
Signature Smill by held	Date 01/18/2008 ACCEPTED FOR RECOR
THIS SPACE FOR FEDERAL	
Approved by	Title Date JAN 2 4 2008
Conditions of approval, if any, are attached Approval of this notice does not warran certify that the applicant holds legal or equitable title to those rights in the subject le which would entitle the applicant to conduct operations thereon	ant or
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any States any false, fictitious or fraudulent statements or representations as to any matter	y person knowingly and willfully to make to any departure Collage Will Gibb Child ER er within its jurisdiction