

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

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 HANSON ENERGY

3a. Address
P.O. BOX 1348 ARTESIA, NM 882113b. Phone No. (include area code)
575-746-2262

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

330 FNL 1809 FWL S.28 - 17S - 30E

MAR 25 2008

OCD-ARTESIA

5. Lease Serial No.
LC028936C

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
MUSTANG 28 #19. API Well No.
30-015-3195310. Field and Pool, or Exploratory Area
LOCO HILLS PADDOCK11. 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			
<input checked="" 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 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 recompleate 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 recompleation 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.)

THIS WELL NEED TO BE PLUGGED BACK TO GRAYBURG SAN ANDRES ZONES.

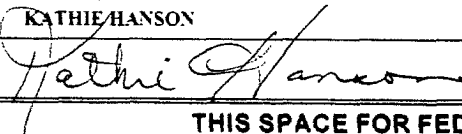
AT THIS TIME WE HAVE A PURCHASE AND SALES AGREEMENT TO SELL OUR OIL LEASES. THE NEW OPERATORS ARE AWARE OF THE TA STATUS OF THIS WELL. THEY WOULD PREFER TO RECOMPLETE THIS WELL AFTER THEY TAKE OVER AS OPERATOR. THE APPROXIMATE DATE OF OPERATOR CHANGE IS JUNE 1, 2008.

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

KATHIE HANSON

Title PRODUCTION CLERK

Signature



Date

03/11/2008

APPROVED

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

Date

MAR 23 2008

Office

JAMES A. AMOS

SUPERVISOR EPS

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)

X COA: Submit Correspondence within 30 days from New operator accepting responsibility J. Amos 3-23-08

Accepted for record - NMOCD

SEE ATTACHED FOR
CONDITIONS OF APPROVAL