Form 3160-5 (August 2007)

OCD-ARTESIA UNITED STATES

DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED
OMB No. 1004-013
Expires: July 31, 201

SUNDRY NOTICES AND REPORTS ON WELLS	
not use this form for proposals to drill or to re-enter an	
doned well. Hee Form 2460-2 (APD) for such proposals	

	5. Lease Serial No. LC 028936-C
ŀ	6. If Indian, Allottee or Tribe Name

	Use Form 3160-3 (A							
SUBMI	T IN TRIPLICATE – Other	7. If Unit of CA/Agreement, Name and/or No.						
1. Type of Well		· · · · · · · · · · · · · · · · · · ·						
Oil Well Gas V		8. Well Name and No. Mustang "28" Fed #1						
Name of Operator Doral Energy Corp.				[*	9. API Well No. 30-015-31953			
3a. Address		3b. Phone No.	lo. (include area code) 10. Field and Pool or Exploratory Area					
415 W. Wall Street, Suite 500 Midland, TX 79701	432-897-0673	3	Grayburg Jackson					
4. Location of Well (Footage, Sec., T., UL C: 330 FNL & 1809 FWL Sec 28, T17S, R30E		11. Country or Parish, State Eddy County, NM						
12. CHEC	CK THE APPROPRIATE BO	X(ES) TO IND	ICATE NATUR	E OF NOTIC	E, REPORT OR OTHE	R DAT	A	
TYPE OF SUBMISSION			Т	PE OF ACTION	ON .			
Notice of Intent	Acidize Alter Casing	Deep	en ure Treat	Produ	ction (Start/Resume)		Vater Shut-Off Vell Integrity	
Subsequent Report	Casing Repair	New	Construction	Recon	plete	\mathbf{V}	Other Keconflete +	
	Change Plans	Plug	and Abandon	Tempo	orarily Abandon		Name change	
Final Abandonment Notice	Convert to Injection	Plug	Back	Water	Disposal			
testing has been completed. Final Abandonment Notices must be fit determined that the site is ready for final inspection.) Plug back as follows: 1. Perforated Grayburg/San Andres from 3,440' to 3,515'. 2. Swab tested perfs 3. Set CIBP @ 3435'. 4. Perforated from 3,136' – 3,145' 5. Swab tested perfs 6. Acidized perfs with 1,000 gallons 15% HCl acid 7. Swab tested perfs 8. SD for evaluation 9. Ran production equipment. SD for electrical hookup Name change request from Mustang "28" Fed #1 to Federal S #7			AFTER RECOMPLETION AND TESTING PLEASE SUBMIT 3160-4 COMPLETION REPORT FOR THE fraction INTERVAL(S) WITHIN 30 DAYS Submit well bore diagraphic previous sundry approvace 2010. Place well not provided the submit was a submit was a submit was a submit was approvaced by STATE				diagram as per approved May 12	
If well goes off pro-	duction for more tha	n sanak	· VIGO BE	O TERIL		_	==OFWED	
30 days notify BLM by Sundry within 5 business days						RECEIVED		
5 Dusii	less days						OCT 06 2010	
14. I hereby certify that the foregoing is t	rue and correct. Name (Printed	d/Typed)			_		NMOCD ARTESIA	
Joanne Keating		•	Title Regulat	ory Affairs C	oordinator	l		
Signature Das	unt		Date 08/31/2	010				
Adam	THIS SPACE	FOR FEDE	RAL OR ST	ATE OFF	ICE USE			
Approved by					T			
	/s/ JD Whitlad	k Jr	Title	CRET		Date / C	15/10	
Conditions of approval, if any, are attached hat the applicant holds legal or equitable to conduct operations	 d. Approval of this notice does itle to those rights in the subject 	not warrant or c	ertify	(FO		,		

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)



