

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

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

5. Lease Serial No.  
NMNM 08277

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
Saladar Federal #5

9. API Well No.  
30-015-02444

10. Field and Pool, or Exploratory Area  
SALADAR;YATES

11. County or Parish, State  
Eddy, NM

**SUBMIT IN TRIPLICATE – Other instructions on reverse side.**

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

2. Name of Operator  
Agua Sucia LLC

3a. Address 3b. Phone No. (include area code)  
14605 South Memorial Drive, Bixby OK 74008 575-392-3575

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
UL K 1650' FSL & 1650' FWL  
Sec. 33, T20S, R28E

**12. CHECK APPROPRIATE BOX(s) 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 checked="" 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	One Day Test
	<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 recomplete 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.)

Agua Sucia LLC was given verbal approval by Paul Swart to test the well for one day and then shut in:

Test Date: 12/25/2010 – 24 hr. test: 7 BO and 70 BW

Accepted for record - NMOCD

*DS*

RECEIVED

FEB 15 2011

NMOCD ARTESIA

ACCEPTED FOR RECORD

FEB 9 2011

/s/ JD Whitlock Jr

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

Title Agent

Signature

*Debbie McKelvey*

Date 1/31/11

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

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