OCD-ARTESIA

Form 3160-5 (September 2001)

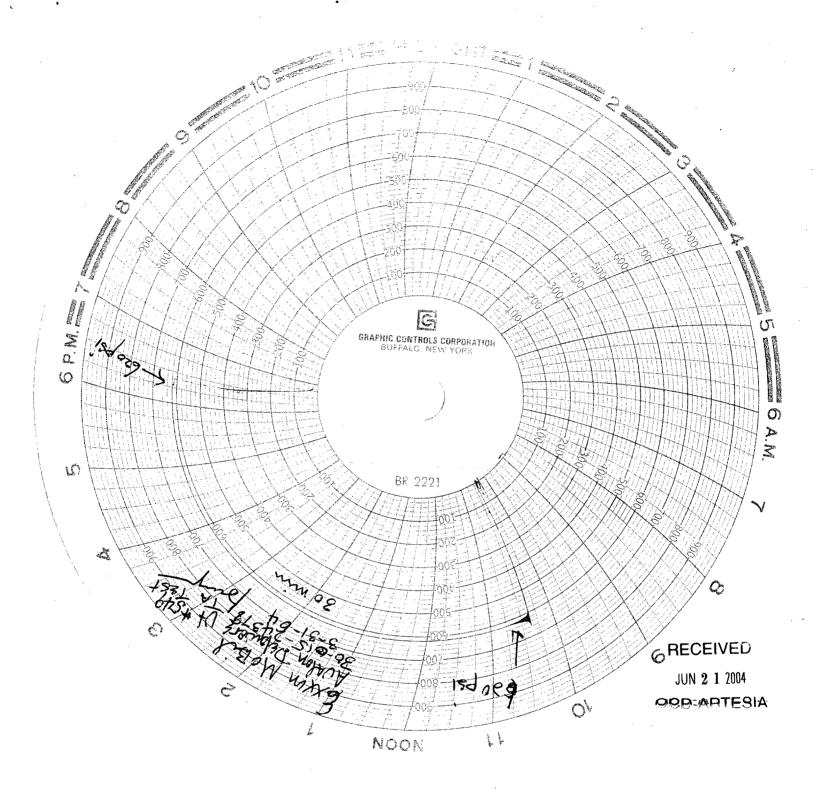
UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FOR	M Al	PPR	OV.	ED
OMB	No.	100)4-0	135
Expires	Janu	агу	31,	200

Expires January 31

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for praposals to drill or to re-anter an abundance with. Use Form 3160-3 (APP) for such praposals. SUBMIT IN TRIPLICATE - Other Instructions on reverse REPOELIVED 1. Type of Wall One One Other Other Instructions on reverse REPOELIVED 2. Nation of Operator Avalonce Department on Triple of Submitted Company of Submitted Comp		DUREAU OF LA	MID MINIMOLIM.	LIVI	5. Lease Serial No.	
Do not use this form for proposels to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposels. SUBMIT IN TRIPLICATE - Other Instructions on reverse 1860-EIVED 1. Type of Well	Do not use this form for proposals to drill or to re-enter an					
SUBMIT IN TRIPLICATE - Other Instructions on reverse State - VEU Type of Weil Other Oth						
1. Type of Well	SUBMIT IN	TRIPLICATE - Other	Instructions on	reverse RECEIVED	7. If Unit or CA/Agreement, Name and/or No.	
Notice of latent Caning Repair Caning Re	1. Type of Well					
Exxon Mobil Corporation 3a. Address P.O. Box 4358 Houston TX 77210-4358 (713) 431-1792 All (Products of Well (Products, Sec. T., R., M., or Survey Description) 10. Fleid and Pool, or Exploratory Area Avalon; Delaware 3715 11. County or Farish, State Eddy NM 12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Notice of Interat Actistize Deepen Production (Start/Resume) Alter Casing Pracure Treat Reclamation Recomplete Other Final Abandoumens Notice Casing Repair New Construction To temporarity Abandon Tem	⊠ Well ☐ Gas ☐ ☐	Other		000-40	8. Well Name and No.	
30-015-24378 Bouston TX 77210-4358 (713) 431-1792 TP-Feld and Pool, or Exploratory Area A Location of Well (Poolage, See, T. R. M., or Survey Description) A Committee of North Casing Production (Start/Resume) TYPE OF ACTION TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Alter Casing Production (Start/Resume) Subsequent Report Casing Repair New Consequention Recomplete Play and Abandon Temporarily Abandon Tomorarily Aba	2. Name of Operator			- SAN-WHIESIA	, ,	
House House See, T., R., M. or Surey Description 4. Location of Well (Pootage, See, T., R., M. or Surey Description) 660' FSL & 660' FEL sec 31, T 20S, R 28E (SESE) 12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 13. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 14. TYPE OF SUBMISSION 15. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. Describe Report 16. Alter Casing 17. Freature Treat 17. Recomplete Production (Start/Resume) 17. Describe Proposed or Completed Operation (clearly state all perineer destals, including estimated starting date of any proposed work and approximate dutation thereof. If proposal is to despen directionally or recomplete horizontally, give soluration sed measured and true vertical depths of all perturent markets and cross. Attach the Stored under which the work will requirements, including reclamation, have been completed, and the operator has determined that the site is really for final impection.) 18. Describe Proposed or Completed Operation (clearly state all perture described and cross and measured and true vertical depths of all perturent markets and cross. Attach the Stored under which the work will requirements, including reclamation, have been completed, and the operator has determined that the site is really for final impection.) 18. Describe Proposed or Completed Operation (clearly state all perture described and cross and measured and true vertical depths of all perturent markets and cross. Attach the Stored under which the work will requirements, including reclamation, have been completed, and the operator has determined that the site is really for final impection.) 18. Describe Proposed or Completed Operation (clearly state all perturbations of all perturbations or state of the control of th		on			9. API Well No.	
Avalon; Delaware 3715 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 SUBMISSION TYPE OF SUBMISSION Alter Casing Practure Treat Recomplete Subsequent Report Casing Repair New Construction Recomplete Subsequent Report Delaware 3715 Final Abandonment Notice Description Plug Back Water Disposal 13. Describe Proposed or Completed Operation (clearly taste all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If proposed is to despend despend directionation by exceeding the pertinent starting date of any proposed work and approximate duration thereof. If proposed is to be performed or provide the Bond No. on file with BLIM/BLA. Required subsequent reports shall be filed only after all requirements, including reclamation, have been completed, and the operations that the site is cashy for final impectation. An extension of TA approval is requested. The well still has potential as either a producer or water source well. Attached is test dated 3/31/2004. THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by Sty Joe G. Lara THIS SPACE FOR FEDERAL OR STATE OFFICE USE Outside the substitution of the proposed is to cash to operation of the notice deep distribution of the population of the proposed. The proposed is to cash to operation of the proposed of the p	3a. Address P.O. Box 4358		· ·	•	L	
Country or Facility, State Eddy NM				(713) 431-1792		
Eddy NM	· ·	· · · · · · · · · · · · · · · · · · ·	• • •		1	
12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION Notice of Intent	oon ter & oon ter s	ec 31, 1 203, K 26E (Sese)			
TYPE OF AUBMISSION Notice of Intent					Eddy NM	
Notice of Intent	12. CHECK APPI	ROPRIATE BOX(es)	TO INDICATE N	ATURE OF NOTICE,	REPORT, OR OTHER DATA	
Subsequent Report	TYPE OF SUBMISSION			TYPE OF AC	CTION	
Subsequent Report Casing Repair	☐ Notice of Intent	Acidize	Deepen	Production (Start/Rest	ume) Water Shut-Off	
Final Abandonment Notice	57	Alter Casing	Fracture Treat	Reclamation	Well Integrity	
Convert to Injection Plug Back Water Disposal	Subsequent Report	Casing Repair	New Construction	Recomplete	Other	
13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If 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 with be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 fall pertinent markers and zones. Attach the Bond under which the work with be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed of the brief within 30 fall pertinent markers and zones. Attach the Bond under which the work with performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports 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.) An extension of TA approval is requested. The well still has potential as either a producer or water source well. Attached is test dated 3/31/2004. Approved by	Final Abandonment Notice	Change Plans	Plug and Abandor	Temporarily Abandon	1	
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Name (Printed/Typed) Dolores O. Howard Sr. Regulatory Specialist Date 04/19/2004 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by /s/ Joe G. Lara Conditions of approval, if any, are attacheed. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease CARLED OFFICE CARLED OFFICE CARLED OFFICE	requirements, including reclamation An extension of TA app dated 3/31/2004.	, have been completed, and the o	perator has determined tha	the site is ready for final inspection. Itential as either a production.	.) scer or water source well. Attached i OR 42 MONTH PERIOD	s tes
Conditions of approval, if any, are attacheed. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease	Name (Printed/Typed) Dolores Signature	O. Howard O. Howard THIS S		Sr. Regulatory Spe Date 04/19/2004 AL OR STATE OFFICE US Title	Date	
	Conditions of approval, if any, are certify that the applicant holds legal	attacheed. Approval of this notice or equitable title to those rights		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.



Production

U.S.West Injection / Disposal Test Results Russell / Seminole / New Mexico Areas

(please pr	int clearly)	MAN WHE KILG	
1.	Lease Name & Well Number: _	ANU Well # 341	
2.	Date & Time Of Test:	ASU Well # 549 3-31-04	·
3.	A. Was Test Witnessed by A	Citae an Delow trat pertain)	
	B. If Yes Test Witnessed by:	T.R.R.C. N.M.O.C.D. &/OR	B.L.M
	C. If Yes , Name of Rep(s).:	Aerry Fluge	
4 .	Test Pressure (psig):		<u>Perm</u> its
	Time Tubing Initial 15 Minutes 30 Minutes	Production Intermediate Casing Casing	APR 19 2004
5.	A. Packer Type: _		
	B. Packer Setting Depth:		
6.	Has Injection Interval Changed AFT	(please circle one) <u>FR</u> Workover: Yes No	
		From:	
		To:	
7.	Reason For Test: B. (please circle on letter) C. E.	After Workover First Test Prior to Injection (ie., conversion, drillwell) Annual Permit Requires 5 Year Test Required Other:	
8.	Well Status: Active	(please circle one) Shut-In T/A'd	
9.	Comments:		
-			
10.	Name of Person(s) Conducting Test: _	Steve Joe Hale (please print name)	·
		(signature of person(s) conducting test)	