Form 3160-5 (November 1994)

OCD-ARTESIA UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

5. Lease Serial No.

BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an			6. If Indian, Allottee or Tribe Name			
ell. Use Form 3160-3 (API	D) for such proposals	5.		,		
SUBMIT IN TRIPLICATE - Other Instructions on reverse side RECEIVED				7. If Unit or CA/Agreement, Name and/or No. SRM1115		
1. Type of Well Oil Well Gas Well Other NOV 0 3 2004			8. Well Name and No. Pennzoil Federal Com No. 4			
gement Co.	Ç	OP-ARTESIA				
- TV 75044 0007	3b. Phone No. (include area code)		30-015-33086			
<u> </u>		10. Field and Pool, or Exploratory Area White City (Penn)				
	1)		11. County	or Pa	rish, State	
PPROPRIATE BOX(ES) T	O INDICATE NATU	RE OF NOTICE, R	EPORT, C	R O	THER DATA	
TYPE OF ACTION						
Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construction	Production (Start Reclamation Recomplete	/Resume)		Water Shut-Off Well Integrity Other Permit Extension	
Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily Ab Water Disposal	-			
Convert to injection	1 lug Back	Water Disposar				
	chis form for proposals to rell. Use Form 3160-3 (API CIPLICATE - Other Instruction CIPLICA	Acidize	Aller Casing Repair Cill. Use Form 3160-3 (APD) for such proposals. CIPLICATE - Other Instructions on reverse side RECEIVED NOV 0 3 2004 Other NOV 0 3 2004 3b. Phone No. (include area code) 972-401-3111 C., T., R., M., or Survey Description) VL Sec. 15 T24S - R26E PPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, R TYPE OF ACTION Acidize Deepen Production (Start Reclamation Recomplete Casing Repair Change Plans Plug and Abandon Temporarily Ab	APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OF Acidize PROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OF Acidize Acidize	6. If Indian, All left. Use Form 3160-3 (APD) for such proposals. Comparison of the instructions on reverse side RECEIVED 1. If Unit or CA SRM1115 1. If Unit or CA SRM115 1. If Unit or CA SRM1115 1. If Unit or CA SRM115 1. If U	

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Zeno Farris	Title Manager, Operations Administration
Signature Zeno Four	Date October 6, 2004
THIS SPACE FOR FEDE	ERAL OR STATE OFFICE USE
Approved by S/ Russ Sorraser	ACTIVE FIELD MANAGER Date 11/1/64
Conditions of approval, if any, are attached. Approval of this notice does not vertify that the applicant holds legal or equitable title to those rights in the subwhich would entitle the applicant to conduct operations thereon.	warrant or open control of the contr

Title 18 U.S.C. Section 1001, makes 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.