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

SUNDRY NOTICES AND REPORTS ON WELLS

OCD-ARTESIA

FORM APPROVED OMB NO. 1004-0137

Expires March 31, 2007

5. Lease Serial No.

N١	114758			_		
6	If Indian,	Allottee	or	Tribe	Nar	ne

Do not use this form for proposals to drill or to re-enter an

abandoned well. Use For	m 3160-3 (APD) for s	uch proposals	5.				
SUBMIT IN TRIPLICATE -	7 If Unit or CA	7 If Unit or CA/Agreement, Name and/or No					
1. Type of Well X Oil Well Gas Well Other 2. Name of Operator					8 Well Name and No Huber Federal #5H		
Nearburg Producing Company	<u></u>	 		9 API Well No			
3a. Address		b. Phone No. (inci	•	3001539177			
3300 N A St., Bldq 2, Ste 120, Midl 4. Location of Well (Footage, Sec., T., R., M., or Survey		432/818-2	950		Pool, or Exploratory Area		
	• ′	• •		N. Seven R	ivers; Glor-Yeso		
SHL: 10' FSL and 1980 FWL, Sec 3, 2				11 Country	Daniel Chata		
BHL: 330 FNL and 1980 FWL, Sec.3, 2	205, 25E			11. County or	,		
12. CHECK APPROPRIATE	BOX(ES) TO INDIC	CATE NATURE	OF NOTICE RE	LEddy PORT, OR OTH	NM		
TYPE OF SUBMISSION	1	BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION					
Notice of Intent	Acıdıze Alter Casıng	Deepen Fracture Trea	= =	tion (Start/Resume)	Water Shut-Off Well Integrity		
X Subsequent Report	Casing Repair	New Construc	etion Recom	plete	X Other completion		
·	Change Plans	Plug and Abar		rarily Abandon			
Final Abandonment Notice				·			
•	Convert to Injection	Plug Back	Water I	Disposal			
	If the operation results in a Notices shall be filed only section.) 1/2", 17#, L-80, coinc 48 sx to surfactor 48 sx to surfactor 58575 BLWTR. B MCF. CCT 27 2011	multiple completic after all requirement asing and se ce. Release nd; 59490 bb	on or recompletion in ints, including reclams to 6 7208'. Mi Rig. Is fluid; 470 ACCEPTED OCT BUR-AU OF I	a new interval, a Foation, have been con X & pump 400 bbls 15% HCL	orm 3160-4 shall be filed once inpleted, and the operator has sx Class C cmt, acid.		
NM	OCD ARTESIA	<u> </u>		<u>.</u>			
14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) Terri Stathem	Wh	Title Re	gulatory/Produ	uction Analysi	t		
		Date 10/14/11					
THI:	S SPACE FOR FEDER	RAL OR STATI	OFFICE USE				
Approved by		Title		Da	te		
Conditions of approval, if any, are attached Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations to	those rights in the subject	ant or Office lease		<u></u>			