

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS **NMOCD**
Do not use this form for proposals to drill or to re-enter an Artesia abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMNM911

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
EL PASO FEDERAL 7

9. API Well No.
30-015-23902

10. Field and Pool or Exploratory Area
AVALON (MORROW)

11. County or Parish, State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
FASKEN OIL AND RANCH, LTD. Contact: ADDISON GUELKER
E-Mail: addisong@forl.com

3a. Address
6101 HOLIDAY HILL ROAD
MIDLAND, TX 79707

3b. Phone No. (include area code)
Ph: 432-687-1777

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 2 T21S R26E SESE 1582FNL 1991FWL

12. CHECK THE APPROPRIATE BOX(ES) 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"/> Hydraulic Fracturing	<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 ShutIn Notice
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Fasken Oil and Ranch, Ltd. requests to keep this well shut in. It is uneconomic to be re-activated as a producer. All the surface/subsurface equipment is still on site. We plan to return the well to production when it becomes economically feasible to produce. Last production was May 2016.

NM OIL CONSERVATION
ARTESIA DISTRICT
NOV 07 2017

Approved to shut in well for 6 months ending 04/17/2017. Submit 5th day production startup via sundry notice.

Accepted for record
NMOCD RE
11/9/17

RECEIVED

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #390226 verified by the BLM Well Information System For FASKEN OIL AND RANCH, LTD., sent to the Carlsbad Office committed to AFMSS for processing by JENNIFER SANCHEZ on 10/11/2017 ()

Name (Printed/Typed) ADDISON GUELKER Title REGULATORY ANALYST

Signature (Electronic Submission) Date 09/28/2017

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

Stamp: APPROVED, OCT 17 2017, BUREAU OF LAND MANAGEMENT, CARLSBAD FIELD OFFICE

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****