Form 3160-5 (February 2005)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA	7

FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.			LC-068721	
			6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE	Other instructions	on reverse side		7. If Unit or CA/Agreement, Name and/or
Type of Well		RECEIV	/EU	
Oil Well X Gas Well Other		MAV 9 9	2006	8. Well Name and No.
2. Name of Operator		1 11 4 47 65 55	1000	BOGLE FLATS UNIT #20
Kerr-McGee Oil & Gas Onshore LP		ULU:M	. 5. 707 11	9. API Well No.
3a. Address 5735 Pineland, Suite 300, Dallas, T	Y 75231	3b. Phone No. (include area code) 214 - 692 - 1800		30-015-30620 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey I		_214-032-1000		INDIAN BASIN; UPPER PENN
SEC. 5, T-22S-R-23E				79040
1750' FNL & 1650' FEL				11. County or Parish, State
	DOV(50) TO IND	NOATE MATURE OF A	LOTIOE BED	EDDY NM
12. CHECK APPROPRIATE	BOX(E2) TO INC			ORT, OR OTHER DATA
TYPE OF SUBMISSION		TYF	PE OF ACTION	
X Notice of Intent	X Acidize	Deepen	Production	(Start/Resume) Water Shut-Off
	Alter Casing	Fracture Treat	Reclamatio	on Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete	e Other
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporaril	y Abandon Pull ESP
	Convert to Injection	on Plug Back	Water Disp	oosal
determined that the final site is ready for final inspece Pull ESP, inspect & repair if any KCL water, 3000 gals 20% HCL acid 14. I hereby certify that the foregoing is true and corn Name (Printed Typed) Linda Gruver Signature	damage. Acidiz and 199,000 sci	f of Nitrogen. Rer APF (ORG. SG	PROVE	D D D D D D D D D D D D D D D D D D D
14. I hereby certify that the foregoing is true and correction	by for	Title		
Name (Printed/Typed) Linda Gruver		Sr Regu	latory Anal	yst
Signature Suna A	uver	Date 5/11/06		<u> </u>
		ERAL OR STATE OFF	ICE USE	
Approved by		Title		Date
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to twhich would entitle the applicant to conduct operations the	those rights in the subje	urant or Office		