Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-A	RTESIA	1
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FORM APPROVED OMB No 1004-0137 Expires July 31, 2010



(Instructions on page:2)

SUNDRY NOTICES AND REPORTS ON WELLS

5 Lease Serial No.

Do not use this form for proposals to drill or to re-enter an			NM-8417				
abandoned well. Use Form 3160-3 (APD) for such proposals.			6. If Indian, Allottee or Tribe Name				
, , , , , , , , , , , , , , , , , , ,	PLICATE - Other ins	structions on page 2.		7. If Unit or CA/Agr	eement, Name and/or No.		
1. Type of Well Oit Well Gas Well Other P&A NOV 2 6 2007					8. Well Name and No.		
2 Name of Operator OCD-ARTESIA			Box Canyon Unit #3				
Tales Petroleum Corporation			9. API Well No .30-015-22194				
3a Address 3b. Phone No. (include area code) 105 S. 4th Str., Artesia, NM 88210 505-748-1471			10. Field and Pool or Exploratory Area				
105 S. 4th Str., Artesia, NM 88210 505-748-1471 4 Location of Well (Footage, Sec., T., R., M., OR Survey Description)			Box Canyon; Permo Penn				
2000 and 17 on the one-got coost, 7,7,1,1,111,1, and construction,				11. County or Parish, State			
1980'FSL & 1980'FEL of Section 14-T21S-R21E (Unit J, NWSE)				Eddy County, New Mexico			
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA							
TYPE OF SUBMISSION							
				/C /D			
	Acıdıze	Deepen		Start/Resume)	Water Shut-Off		
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity		
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other Name		
	Change Plans	Plug and Abandon	Temporarily	Abandon	Change		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Dispo	osal			
New Wellname: Box Car Well is plugged and abandoned	If the operation results in a munt Notices must be filed only after tion. The syon Unit #3 The syon Federal #3 The syon Rederal #3 The syon Rederal #3	Itiple completion or recompletion in a r r all requirements, including reclamation	new interval, a Form 3	160-4 must be filed on	ce		
 I hereby certify that the foregoing is true and Name (Printed/Typed) 	and correct						
Tina Hu	erta	Title Regul	atory Complia	ance Superviso	or		
Signature ()	fuerta		nber 13, 2007	7			
ACCEPTED FO	R RECORSPACE F	OR FEDERAL OR STATE C	FFICE USE	=			
Approved by /S/DAV	DR.GLAS	Title		Date			
Conditions of approval, if any argentiached certify that the applicant holds legal or equit which would entitle the applicant to conduct of Title 18 U.S.C. Section 1001 and Title 43 U.S.	perations thereon	s not warrant or the subject lease Office	od willfully to make	to one do a da	s compared that later at Chat		
any false, fictitious or frauduleDAMIDIRES	rrap⊛Sentations as to any n		io willully to make	to any department o	ayency of the United States		
(Instructions on page 2) Inc. In Clearly C	TIONELL						