


 UNITED STATES  
 DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT

JUN 24 2008

OCD-ARTESIA

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

**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.

**SUBMIT IN TRIPLICATE- Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. <b>NM 34461</b>
2. Name of Operator <b>DARREL FINNEY D.B.A. FINNEY OIL COMPANY</b>		6. If Indian, Allottee or Tribe Name
3a. Address <b>PO BOX 1569 ARTESIA NM 88211</b>	3b. Phone No. (include area code) <b>(575) 746-9293</b>	7. If Unit or CA/Agreement Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>330 FNL &amp; 2310 FEL, TOWNSHIP 18S, RANGE 29 E, Section 21</b>		8. Well Name and No. <b>ARCO FEDERAL # 1</b>
		9. API Well No. <b>30-0 15-24590</b>
		10. Field and Pool, or Exploratory Area <b>LOCO HILLS, GO/GB/SA</b>
		11. County or Parish, State <b>EDDY COUNTY</b>

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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 <b>TEMPORARY SHUT-IN</b>
	<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 recomplate 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

WELL IS NOT PUMPING AT THIS TIME, REQUESTING TEMPORARY SHUT-IN ON THIS WELL FOR THE DURATION OF 4 MONTHS. AM UNABLE TO MAKE REPAIRS ON THIS WELL DUE TO A BROKEN FOOT. WOULD LIKE TEMPORARY SHUT-IN UNTIL FOOT IS HEALED SO THAT I AM ABLE TO GO BACK TO WORK.

**APPROVED**

JUN 22 2008

 JAMES A. AMOS  
 SUPERVISOR-EPS

14. I hereby certify that the foregoing is true and correct  
 Name (Printed/Typed)

DARREL FINNEY

Title OWNER (575) 746-9293

Signature

*Darrel Finney*

Date

6-17-08

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

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.

Title

Date

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

(Instructions on page 2)

Accepted for record - NMOCB