

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007**S****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
☐ Oil Well ☐ Gas Well ☒ Other2. Name of Operator
Biscuit Hills Disposal L.L.C.3a. Address
P.O. Box 564, Lovington, New Mexico 882603b. Phone No. (include area code)
575-396-68624. Location of Well (Footage, Sec., T., R., M., or Survey Description)
950' FSL & 1980 FEL Sec. 29 T-17-S R-31-E5. Lease Serial No.
LC-0293958

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
Tracy 29 Federal #19. API Well No.
30-015-2814210. Field and Pool, or Exploratory Area
Cedar Lake Wolfcamp11. County or Parish, State
Eddy Co. New Mexico

JUL 29 2008

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 type="checkbox"/> Other
	<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 checked="" 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 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.)

On or about 17 July 2008, a wireline CIBP will be set at 9600' in compliance with NMENNRD Administrative Order SWD-1118 of April 24, 2008. The following zones will be perforated with 4spf correlated to the original well logs dated November 25, 1994: 8405-8325, 8450-8420, 8600-8495, 8910-8890, 9030-9020, 9250-9220, 9370-9340, 9480-9465. The wireline unit will be released.

On or about 22 July 2008, will rig up with a pulling unit and RHH w/packer and RBP under 2 7/8" tubing work string and treat each zone separately with 15% HCL using rock salt as a diverting agent. The standing fluid level will be recorded for each zone and a swab test will be run on the upper Wolfcamp. Will POOH with work string and depending on the results of the acid treatment, if appropriate will run in the hole with a plastic coated packer and PC 2 7/8" tubing and wait for installation of surface equipment. If the treated zone does not look promising as a disposal, further work will be evaluated.

Accepted for record

NMOC

SWD-1118 STATES PERFORATIONS MUST BE BETWEEN
8327 AND 9470.
INITIAL MIT TEST MUST BE WITNESSED BY
OCD. GIVE 24 HOUR NOTIFICATION. RI

SUBJECT TO LIKE
APPROVAL BY STATE14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Donald M. Harrod

Title Manager

Signature

Donald M. Harrod

Date

13 July 2008

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

Office

Date

APPROVED

JUL 26 2008

JAMES A. AMOS
SUPERVISOR EPS

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)