OCD-ARTESIA

FEB 18 2009

Form 3160-5 (April 2004) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 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.					NM 1	FORM APPROVED OM B No 1004-0137 Expires. March 31, 2007 5. Lease Serial No. NM 101601 6. If Indian, Allottee or Tribe Name N/A			
SUBMIT IN TRIPLICATE- Other instructions on reverse side.						7. If Unit or CA/Agreement, Name and/or No			
1. Type of Well ☐ ☐ Gas Well ☐ ☐ Other					N/A				
						8. Well Name and No. Tankless 35 Federal #1			
2. Name of Operator OGX Resources, LLC						9. API Well No. 30-015-36784			
3a Address POB 2064 Midland, TX 797		3b. Phone No. (include area code) 432-685-1287			10. Field and Pool, or Exploratory Area				
4 Location of Well (Footage, Sec.)			Livin	Livingston Ridge - Bone Spring				
770'FNL & 730 FWL Sec. 35, T- 22S, R- 31E							y or Parish, State		
						Eddy Co. NM			
12. CHECK A	APPROPRIATE BOX(ES) T	O INDICATE NA	TURE OF	NOTICE,	REPORT, C	OR OTHER DA	NTA		
TYPE OF SUBMISSION	TPE OF SUBMISSION TYPE OF ACTION								
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat		Production (S Reclamation	Start/Resume)	Well Integrity			
Subsequent Report Casing Repair New Construction Recomplete Change Plans Plug and Abandon Temporarily Abandon							sing set & cer	ment	
Final Abandonment Notice Convert to Injection Plug Back Water Disposal									
testing has been completed F determined that the site is read Intermediate casing & C 1-29-2009 Ran 9 5/8" 4 1,2,3,4,5,7,9 t	•	ee filed only after all re : guide shoe, 1 jt. t @ 4228'. Cement	equirements, i 9 5/8" csg., lead w/ 125	ncluding reclar float collar of sks 35/65	amation, have be & 98 jts. 9 5/8 POZ "C" + 5	een completed, and " csg. Install 3 % D44 + 6% D2	d the operator h 5 centralizers 20 + 3# sx D4	s @ 12 +	
	est to 5000# for 30 min. WOO	C 30 hrs. total. Red	luce hole siz	e to 8 3/4" a	nd-resume dr	illing			
					ACCEF	TED FO	2009	ORD]	
						Lim	<u>حر</u>		
14. I hereby certify that the for Name (Printed/Typed)	egoing is true and correct				ZUTZ CA	IU OF LAND RLSBAD FIE	MANAGEM LD OFFICE	ENT	
Angela Lightne	r angela@rkford.com	Tit	le Consulta	ant 432-68	2 0440 office				
Signature Cinciples Landither Da				02/02/2009					
THIS SPACE FOR FEDERAL OR STATE OFFICE USE									
Approved by Conditions of approval, if any, are attached. Approval of this notice does not warrant of certify that the applicant holds legal or equitable title to those rights in the subject lease			1						
which would entitle the applicant to conduct operations thereon.									
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious or fraudu	le 43 U.S.C. Section 1212, make it then the statements or representation	a crime for any pers	on knowingly	and willfully	y to make to an	ny department or a	agency of the	United	

M