

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM-12441
2. Name of Operator WESTERN RESERVES OIL COMPANY		6. If Indian, Allottee or Tribe Name _____
3a. Address P.O. BOX 993 MIDLAND, TEXAS 79702	3b. Phone No. (include area code) 915-683-5533	7. If Unit or CA/Agreement, Name and/or No. _____
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 1980' FEL SEC. 13 T5S-R24E CHAVES CO. NM		8. Well Name and No. BEVMORE "24" FEDERAL # 3
		9. API Well No. 30-005-61309
		10. Field and Pool, or Exploratory Area PECOS SLOPE ABO
		11. County or Parish, State CHAVES CO. NEW MEXICO

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 checked="" 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 recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zone. 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.)

1. Move in well service unit and rig up.
2. Blow well down, kill well with 2% KCl water if necessary, nipple down well head and install B.O.P.
3. Pull tubing, rig up wireline unit run in hole with gague ring to 3750'±. come out of hole and rig up to run CIBP, run in hole and set CIBP at ~~3750'~~ 3780'. Rig down wireline truck and run tubing back in hole. and load hole with 2% KCl water.
4. Install pressure recorder and pressure up on casing to 500 PSI, hold for 30 minutes if casing holds release pressure remove B.O.P. Flange up well head, rig down well service unit and release. Clean location and secure well.

OCD approval conditional.
Well must meet BLM
requirements and acquire
their approval.

14. I hereby certify that the foregoing is true:
Name (Printed/Typed)
Joe T. Janica

Signature <i>Joe T. Janica</i>	Title Agent
	Date 02/04/02

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____	Title _____	Date _____
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.		
Office _____		