Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M.	Oil	Cons	. DIVISITY No. 1004-0135 Expires July 31, 1996
911 5	15	t Str∱s	Lease Serial No. NIM 26105

RM APPROVED	C171	
No. 1004-0135		

SUNDRY Do not use thi abandoned we	6. If Indian, Allottee or Tribe Name					
SUBMIT IN TRI	7. If Unit or CA.	Agreement, Name and/or No.				
Type of Well Oil Well Gas Well Name of Operator V McKay (8. Well Name and No. Remmele "B" Federal #12-Y 9. API Well No. 3000563196					
P.O. Box 2014, Location of Well (Footage, Sec., 1740' FNL & 2350' FWL	10. Field and Pool, or Exploratory Area W. Pecos Slope Abo 11. County or Parish, State Chaves County, New Mexico					
	PROPRIATE BOX(ES) TO		E OF NOTICE, I	REPORT, OR O	THER DATA	
TYPE OF SUBMISSION Notice of Intent Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (State Reclamation Recomplete Temporarily A Water Disposa	□ ⊠ &bandon	Water Shut-Off Well Integrity Other Production casing	
Attach the Bond under which the following completion of the investing has been completed. From the determined that the site is ready september 16, 1998 Ce Cement.	ctionally or recomplete horizonta work will be performed or provided operations. If the operational Abandonment Notices shall for final inspection.)	illy, give subsurface location ovide the Bond No. on file v n results in a multiple comp be filed only after all requir	s and measured and with BLM/BIA. Req letion or recompletio ements, including red	urue vertical depths of unired subsequent reprint in a new interval, clamation, have been perfect the perfect of the perfect o	of all pertinent markers and zone forts shall be filed within 30 day a Form 3160-4 shall be filed one	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Bill J. Milstead			Vice President - Land & Legal			
Signature (Mila	tud .		TO THE CALL VIEW AND A SECOND	6-99		
Approved by	and the state of t	FOR FEDERAL OR S	TATE OFFICE U	SE Date	Controlled to physician controlled to the contro	
Conditions of approval, if any, ar certify that the applicant holds le which would entitle the applicant to	gal or equitable title to those rig	ice does not warrant or this in the subject lease	ffice			

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious o fraudulent statements or representations as to any matter within its jurisdiction.

