N.M. OII CONS. DIVISION 1625 N. French Dr.

Hobbs, NM 88240

Form 3160-5 (April 2004)

UNITED STATES

FORM APPROVED OM B No. 1004-0137

	DEFARIMENT OF IT			Expires: 1	March 31, 2007
I	BUREAU OF LAND MA	5. Lease Serial No.	7 1 .015 5		
SUNDRY	NOTICES AND R		NM13125		
	ils form for proposals ell. Use Form 3160 - 3			6. If Indian, Allottee	or Tribe Name
SUBMIT IN TR	IPLICATE- Other in:	structions on rever	se side.	7. If Unit or CA/Agr	cement, Name and/or No.
1. Type of Well Oil Well	Gas Well Other			8. Well Name and N	9
2. Name of Operator	OPELATINA	9. API Well No.	1-24 4:12		
3a Address SOSH. BIG MUDIAND, TA 197	SPZIN4, SIZZO	30-025-23 10. Field and Pool, or			
4. Location of Well (Footage, Sec.,		JALMET 4	1583 7 R145 (Peo 4		
NUNE/4 SECTION	29 Townsuin	94 Pones 3L	EUMP	11. County or Parish,	
, ,,		13 milye ca	7 ~~~	LEA, A	IM
12. CHECK A	PROPRIATE BOX(ES) T	O INDICATE NATUR	E OF NOTICE, I	REPORT, OR ÓTHE	R DATA
TYPE OF SUBMISSION		TYI	PE OF ACTION		
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (S		ter Shut-Off
Subsequent Report	Casing Repair	New Construction	Recomplete	Oth	
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily A Water Disposa		
Attach the Bond under which the following completion of the investing has been completed. Fir determined that the site is ready THE SOLF WAY WIFE A 300 LA BY USE OF A COMPLETE AND A C	etionally or recomplete horizont le work will be performed or proloted operations. If the operational Abandonment Notices shall for final inspection.) Sel Ployburd Sel	ally, give subsurface location ovide the Bond No. on file won results in a multiple comp be filed only after all requires and the subsurface of the subsurfa	ns and measured and trith BLM/BIA. Requiletion or recompletion ments, including reclar	rue vertical depths of all per red subsequent reports sha in a new interval, a Form nation, have been completed for the complete for the compl	rtinent markers and zones. Il be filed within 30 days 31 60-4 shall be filed once ed, and the operator has
SEC	ATTACHED			UUN 4	20040
14. I hereby certify that like force Name (Printed/Typed)	many is true and correct less !	Title 7	People	PROMAGE	20 27 20 27
Signature All C	Som	Date	5/28/0	4	TO THE PARTY OF TH
	THIS SPACE FOR	FEDERAL OR ST	TATE OFFICE	USE	

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.

Title

Office

Date

(Instructions on page 2)



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.

Water Production & disposal Information

n order to process your dispersioned	sal request, the	tollowing rurors	MACTOR MADE NO
ompleted:			
•• • • • • • • • • • • • • • • • • • • •			. نرند مست
. Name of formations produci		Undel	701015
of formations produci	ag water on the le	ease. 18165	Liters
. Name of tormacross E	, ⁷ ·	•	
	·		
		1.00	
_ Amount of water produced f	com all formation	s in barrels per	OSY
- Amount of the fact product	ĵ .		
250 BBLS / N	Mil	<u> </u>	
	. •		
. Attach a current water and	lysis of produced	luater from all:	zones showing at
. Attach a current water and cast the total dissolved sol	ids oh, and the	concentrations of	chlorides and
cast the total dissolved solulifates. (one sample will a	office if the wat	er is commingled)
ulfates. (one sample will s			- 11
. Now water is stured on the	4.1	1 - 20	1 Tail
the the	lease. W	1 50000	12 /HN/
. Now water is stored on the			
. How water is moved to the	•	1 - 1 - 1 - 1 - 1	A - MAD
	disposal facility	· CENTETTE	41 DUNIE
. How water is moved to the	22000000		
	•	•	•
Yaci	lity by :		
. Identify the Disposal Faci		well for	10/2/
. Identify the Disposal faci A. Facility operators name	Sollhis	5/201	HITHS
A. facility operators name B. Name of facility or wel		1 1111 /11	101 121/ No 7
e e-slite or uel	1 name & number.	LIPES KEDE	al well 10.C
B. Mame of facility or ac-		· · ·	
•	·		
C. Type of ractivel or to		<u> </u>	7 21 1
C. Type of facility or well by Location by 1/4 1/4 SW/	d fiv/section	(// township	range Not
D' FOCACION BY IN YASTEL		× •	
7. Attach a copy of the State	issued permit fo	or the Disposal F	acility.
, Attach a copy of the scale	233454 Primary		
	*		
		•	
	•		
Submit to this office, 414 We	et wawlor Hobbs	MM 98240, the	above required
Submit to this office, 414 We information on a Sundry Notice	- 3160-5 Submit	1 original and 5	copies, within the
information on a Sundry Notice	- way be used as	an attachment to	the Sundry
required time frame, (This is	ran may no not not	o further discus	s this matter.
	ini, it vou heed i	** *******	

Notice.) Call me at 505-393-3612 if you need to further discuss this matter.