Form 3160-5

N.M. Oil Cons. DIV-Dist. 2 - Holds
UNITED STATE 301 W Crand Andrew FORM APPROVE

BUREAU OF LAND MANA CAMPTEESTA, MIM SUPPORTS 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 Olivel! Gas Well Other  2. Name of Openfor C. W. TRAINER  3a. Address  3b. Phose No. (include area code)  50c-379-3727  4. Location of Well (Prouge, See, T. R. M. or Survey Discreption)  660° FSL & 1980° FEL, SECTION S, T2S, R14E  12. CHECK APPROPRIATE BOXIES) TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA  TYPE OF SUBMISSION  12. CHECK APPROPRIATE BOXIES) TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA  TYPE OF SUBMISSION  13. Describe Proposed or Completed Openion (clearly state all pertinent details, including entimated starting date of any proposed work and approximate duration should reflect the Bond under which the work will be performed to provide the Bond No. on file with BLAWEIA. Required and bencompleted. Filial Abandonment Notice Implication in the work of Filial Abandonment Notice Implication of the involved proprises of Filial Abandonment Notices shall be filled only after all requirements, including reclamation, have been completed. Filial Abandonment Notices that be filed only after all requirements, including reclamation, have been completed. Filial Abandonment Notices that be filed only after all requirements, including reclamation, have been completed. Filial Abandonment Notices that be filed only after all requirements, including reclamation, have been completed. Filial Abandonment Notices that be filed only after all requirements, including reclamation, have been completed. Filial Abandonment Notices that be filed only after all requirements, including reclamation, have been completed. Filial Abandonment Notices that be filed only after all requirements, including reclamation, have been completed. Filial Abandonment Notices that be filed only after all requirements, including reclamation, have been completed. Fi		DEPARTMENT OF THE	INTERIOR.	MA TOO		OM B No. 1004-0137 Expires: March 31, 2007
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   Gas Well			•		-4X	
SUBMIT IN TRIPLICATE- Other instructions on reverse side.  7. If Unit or CA/Agreement, Name saddor No.  8. Well Name and No.  12. Name of Operator C. W. TRAINER  3A. Address 1969 W. BROADWAY, HOBBS, NM 88240  4. Location of Well (Flootoge, Sec. T. R. M. or Survey Description)  569 FSL & 1980 FEL, SECTION S, T22S, R34E  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  13. Subsequent Report    Gasing Repair   Casing Repair   Despension (learly state all prefixed details, including estimated stating date of any proposed work and approximage duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and statusers and low under which the work like performed or provide to Board MARIA. Required sabsequent report is all for final impection.)  13. Describe Proposed or Completed Operations (felery state all prefixed details, including estimated stating date of any proposed work and approximage duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and stransured and trust of the working stage following completion of the involved operations: If the operation results in a multiple completion or recompletion and both of the working state of the proposal of the proposal of the proposal of the operation of the working state of the proposal					<u> </u>	
1. Type of Well   Glas Well   Other   S. Well Name and No.   HARRIS FEDERAL #1						,
1. Type of Well Oliwell Gas Well Other  2. Name of Operator C. W. TRAINER  3a. Address 1008 W. BROADWAY, HOBBS, NM 88240  3b. Phone No. (include area code) 595-393-2727  10. Field and Pool, or Exploratory Area SWD-EELAWARE  10. Field and Pool, or Exploratory Area SWD-EELAWARE  10. Field and Pool, or Exploratory Area SWD-EELAWARE  11. County or Parish, State 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  13. Despite Project of Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof.  13. Despite Proposed of Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof.  14. The proposed is to depend airconfordly operation provide the Box flowing on the work of the proposed of the Well Dispersion of the involved operations from complete and area and area work and approximate duration thereof.  15. Describe Proposed of Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof.  16. The proposed is to depend airconfordly gives subserface locations and measured and true vertical depths reports shall be filled within 30 approximate duration thereof.  16. The proposed is to depend airconfordly gives airconfordly give subserface locations and measured and true vertical depths few within 30 approximate duration durated the site is easily for final airspection.)  16. Page and Abandon and Noble and Proposed of Complete and Abandon and Noble and Proposed and Abandon and	SUBMIT IN TR	IPLICATE- Other instr	uctions on rev	erse side.	7. If Unit of	or CA/Agreement, Name and/or No.
2. Name of Operator C. W. TRAINER  3a. Address  1008 W. BROADWAY, HOBBS, NM 88240  3b. Phone No. (include area code) 505-393-2727  10. Field and Prod. or Exploratory Area SWD-DELAWARE  11. Cention of Well (Poonge, Sec. T., R., M. or Survey Description)  660 FSL & 1980 FEL, SECTION S, T22S, R34E  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION  13. Describe Proposed or Completed Operation of Endough Back  14. Increbe proposed or Completed Operation (clearly state all pertinent deaths, including estimated starting date of any proposed work and approximate deaths in a multiple completion or recompletion for the model operations. If the operation of the Back No. on the with MEMORY. Report Subsequent Report  15. Describe Proposed or Completed Operations (clearly state all pertinent deaths, including estimated starting date of any proposed work and approximate duration thereof.  After the proposal is despend arrical colority or recomplete industrially appearance beneficially appearance of the performed operation of the Back No. on the with MEMORY. Required statistic date of any proposed work and approximate duration thereof.  After the proposal to despend arrical clearly state and performed operation of the Industrial performed operation of the Industrially of the proposal state field only after all requirements, including reclamation, have been completed. Final Abandomment Notices shall be filed only after all requirements, including reclamation, have been completed. Final Abandomment Notices shall be filed only after all requirements, including reclamation, have been completed. The filed within 30 days determined that the site is ready for final anspection.)  TA APPROVED FOR  14. Increby certify that the foregoing is irue and correct Name (Printed Types)  GAYE HEARD  Title AGENT  Title AGENT  Title Date DEC 0 2 2004	1. Type of Well				1	
3a. Address 1008 W. BROADWAY, HOBBS, NM 88240  3b. Phone No. (include area code)						
10. Field and Pool, or Exploratory Area SWP.DELAWARE   10. Field and Pool, or Exploratory Area SWP.DELAWARE   11. County or Pool, St. P. R. M. or Survey Description   12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   13. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX (ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX (ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX (ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX (ES) TO INDICATE NATURE OF NOIKE, REPORT, OR OTHER DATA   14. CHECK APPROPRIATE BOX (ES) TO INDICATE NATURE OF NOIKE, REPORT, AND OTHER DATA   14. CHECK APPROPRIATE BOX (ES) TO INDICATE NATURE OF NOIKE, REPORT OF SEPICION OF THE HARRIS FEBERIAL BL. A NEW OF NATURE OF THE HARRIS FEBERIAL BL. A NEW OF NATURE OF THE HARRIS FEBERIAL BL. A NEW OF NATURE OF THE HARRIS FEBERIAL BL. A NEW OF NATURE OF THE HARRIS FEBERIAL BL. A NEW OF NATURE OF THE HARRIS FEBERIAL BL. A NEW OF NATURE OF THE HARRIS FEBERIAL BL. A NEW OF THE	2. Name of Operator C. W. TRAIN	NER				
4. Location of Well (Footage, Sec., T. R., M., or Survey Description)  660° FSL & 1980° FEL, SECTION 5, T225, R34E  11. County or Parish, State LEA CO., NM  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  13. Describe Production (Start/Resume)   Water Shut-Off	***					
11. County or Parish, State LEA CO., NM  12. CHECK APPROFRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Notice of Intent						
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TYPE OF SUBMISSION  TYPE OF ACTION    Notice of Intent			LEA CO., NM		CO., NM	
TYPE OF ACTION    Notice of Intent	12. CHECK AI	PPROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE, R	EPORT, O	R OTHER DATA
Notice of Intent						
Subsequent Report		Acidize	Deepen	Production (Sta	art/Resume)	Water Shut-Off
Final Abandonment Notice	Notice of Intent		Fracture Treat	<u>-</u>	,	
Final Abandonment Notice	Subsequent Report	<del></del>				Other
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 grainers 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 with grainers 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 with BLM/BIA. Required shall be filed wi	Final Abandonment Notice				oandon	·
Attach the Bond under which the work will be performed or provide the Bond No. on file with BLMBIA. 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 only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)  C. W. TRAINER REQUESTS APPROVAL OF TEMPORARY ABANDONMENT STATUS FOR THE HARRIS FEBERAL #1. A NEW, 57 VALID MIT WAS RUN ON SEPTEMBER 24, 2004 AND IS ATTACHED.  TA APPROVED FOR 12 MONTH PERIOD ENDING SEP 2 4 2005  14. Ihereby certify that the foregoing is true and correct Name (PrintedTyped)  GAYE HEARD Title AGENT  Signature August 11/23/2004  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  Approved by ORIG. SGD.) DANDER CLASS  Title Date DEC 0 2 2004  Conditions of approval, if any, are attached. Approval of this notice does not varrant or certify that the applicant holds legal or equitable title to those rights in the subject lease		-		<del>-</del>		
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed)  GAYE HEARD  Title AGENT  Signature  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  Approved by ORIG. SGD.) DATO P. GLASS  Title  Date  Title  Date  DEC 0 2 2004  DEC 0 2 2004	following completion of the inv testing has been completed. Fir determined that the site is ready	to work will be performed or providual operations. If the operation is all Abandonment Notices shall be for final inspection.)  STS APPROVAL OF TEMPO	TA APPRO	e with BLM/BIA. Requirements including reclamments, including reclamments.  WENT STATUS FOR	ed subsequent n a new interval ation, have be	reports shall be filed within 30 days al, a Form 3160-4 shall be filed once en completed, and the operator has also FEDERAL #1. A NEW, 57
Signature Crinted/Typed)  GAYE HEARD  Title AGENT  Date  11/23/2004  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  Approved by ORIG. SGD.) DAVID R. GLASS  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			EIADHA	G	L 4 2003	
Signature Crinted/Typed)  Signature Date 11/23/2004  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  Approved by ORIG. SGD.) DAVID R. GLASS  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	14. Thereby certify that the force	yoing is true and correct				
Signature Date 11/23/2004  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  Approved by ORIG. SGD.) DATO P. GLASS  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	Name (Printed/Typed)	10 11 WO WILL COLLECT				
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which would entitle the applicant to conduct operations also and a conduct operations are conduct operations and a conduct operation and a conduct ope	Conditions of approval, if any, are a certify that the applicant holds legal	or equitable title to those rights in	oes not warrant or the subject lease	Office		Date 0 2 2004

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)



