·		New M	exico	Oil Couse 1625 N.	ervatio French	n Division Drive	, District	I		
					NM 8			FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996		
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS								5. Lease Serial No. NMNM3622		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.								6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side 1. Type of Well Oil Well Gas Well Other								7. If Unit or CA/Agreement, Name and/or No. 8910124020 8. Well Name and No.		
Gruy Pet 3a. Address	roleum Mana	clude area	code)	9. API V 30-025						
	140907 Irvir	972.401.	.401.3111			10. Field and Pool, or Exploratory Area Quail Ridge; Morrow, North				
	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Section 18-T19S-R34E 1100' FNL & 800' FWL								rish, State	
					Lea,	NM				
1	2. CHECK AI	PPROPRIATE BOX(ES)	O IND	ICATE NA	TURE C	F NOTICE,	REPORT, (DR O	THER DATA	
TYPE OF S	UBMISSION				TYPE O	FACTION			<u></u>	
D Notice of In	ntent	Acidize		eepen acture Treat		Production (Sta Reclamation	art/Resume)		Water Shut-Off	
Subsequent	Report	Casing Repair	_	ew Constructio	_	Recomplete		Ø	Well Integrity Other set surface &	
Final Abandonment Notice		Change Plans Convert to Injection		Plug and Abande Plug Back	on 🗋	Temporarily Ab Water Disposal			intermediate casing	
testing has be	en completed. Fi at the site is ready Ran 10 jts 13 4% Gel + 2% 173 sx to rese Ran 82 jts 40 and with tail	volved operations. If the operational Abandonment Notices shall for final inspection.) 3-3/8" 54.5# J-55 8rd S 6 CC + 0.25% Flocele + 4 erve pit. Bumped plug w 0# NS-110HC 8rd LT&C 200 sx Premium Plus + WOC 17.25 hrs.	be filed of f&C ne % Bent vith 600 new cas	w casing to conite and v 0# and plug sing to 351	equiremen 9 445.' (with tail g held. 4.' Cen	ts, including red Cemented w 200 sx Prer WOC 19.5 F nented with	ith lead 22 nium Plus nrs. lead 850 s	e been 25 sx + 2% x Inte	completed, and the operator has Premium Plus + 0 CaCl. Circulated erfill C + 1/4# Flocele	
									ארייי: אבס 1993 איייי: אבס 1993	
14. I hereby certify Name (Printed	y that the foregoing	g is true and correct		Title						
	Natalie Krueger Re									
Signature)atalii	King	<u> </u>	Date Ja	anuary	19, 2005	_			
A	CEPTED F	OR RECTHIS SPACE F	OR FE	DERAL OR	STATE	OFFICE USI	E			
		DAVID R. GLASS			Title		1	Date		
onditions of approval, if any are attached. Approval of this notice does not warran rify that the applicant holds legal or equitable title to those rights in the subject h hich would entitle the applicant to conduct operations thereon.					Office		l.			
itle 18 U.S.C. Sec raudulent statemen	tion 1001, makes ts or representation	t GLASS it a crime for any person know is as to any matter within its juri	ingly and solicition.	l willfully to π	nake to an	y department or	agency of the	e Unite	ed States any false, fictitious or	
Instructions on reve									1/	

(I	nstr	uction	s on	reverse)
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