| I SUNDRY Do not use th abandoned w SUBMIT IN TR | UNITED STATE DEPARTMENT OF THE BUREAU OF LAND MAN NOTICES AND RE is form for proposals is all. Use Form 3160-3 (IPLICATE- Other inst | INTERIOR IAGEMENT PORTS ON WI to drill or to re APD) for such pu | enter an ropogals. | 6. If Indian | FORM APPROVED ON B No. 1004-0137 Expires March 31, 2007 al No. 49957 n, Allottee or Tribe Name m CA/Agreement, Name and/or No |
|---|---|---|--|---|---|
| 1. Type of Well Oil Well O Gas Well O X Other SWD | | | | 8. Well Name and No Brooks '7' Federal Well No.3 | |
| 2. Name of Operator J.F. McAdams | | | | 9. API Well No. | |
| 3a Address 3b. Phone No. (include area code) P.O. Box 755, Hobbs, NM 88240 575-872-2982 / | | | | 30-025-01711 10. Field and Pool, or Exploratory Area | |
| 4. Location of Well (Footage, Sec., T., R, M., or Survey Description) 660' FSL & 1980' FEL, Section 7, Twp 20-S, Rng 33-E | | | | SWD; Yates 11. County or Parish, State Lea County, New Mexico | |
| 12 CHECK A | PPROPRIATE BOX(ES) TO | INDICATE NATU | RE OF NOTICE, RI | eport, o | R OTHER DATA |
| TYPE OF SUBMISSION | | TYPE OF ACTION | | | |
| 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 (Start/Resume) Water Shut-Off Reclamation Well Integrity Recomplete X Other Commence Temporarily Abandon SWD injection. X Water Disposal SWD injection thereof. | | |
| Attach the Bond under which the following completion of the material testing has been completed. For determined that the site is read <i>THIS SUNDR</i> 6/11/10 Successful MIT | he work will be performed or prov volved operations. If the operation nal Abandonment Notices shall be (for final inspection.) Y WAS ALSO SUPPLIED conducted - witnessed by | ide the Bond No. on the results m a multiple com thed only after all requir | : with BLM/BLA. Require npletion or recompletion in rements, including reclama THE SWD DESIGNA | a subsequent n a new interv ation, have be ATION OF | * |
| 7/15/10 Placed well on | injection. | | ч Ч | A | CEPTED FOR RECORD |
| 14. Thereby certify that the fore | aging is true and correct | | | | CARESBAD FIELD UPPICE |
| Name (Printed/Typed) | | 488-9850 Title | Consultant for J.F | یکست McAdam : | S |
| Signature Sam | | Date | September 30, 20 | <u></u> | |
| | THIS SPACE FOR | FEDERAL OR | | | |
| Approved by Conditions of approval, if any, are certify that the applicant holds leg- which would entitle the applicant i | attached. Approval of this notice al or equitable title to those rights o conduct aperations thereout | e does not warrant or in the subject lease -14-70 | Title | | Date |
| Title 18 U.S.C Section 1001 and Tit States any false, fictitious or fraude | le 43 U.S.C. Section 1212, make it ilent statements or representation | a crime for any person s as to any matter within | knowingly and willfully its jurisdiction | | iny department or agency of the United |

(Instructions on page 2)

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