		New Mex	ico Oil Cons	ervation l	Division, District 1	
Forn 31 (April 1985) L. 2012	UNITED STATES DEPARTMENT OF THE INTER		1625 N.	French D	FORM APPROVED STREET IN	
(April 1997)	BUREAU OF LAND MANAGEMEN		Hobbs,	NM 882 5. Lease Sena	FORM APPROVED CIVENO. 1004-0137 Expires: March 31, 2007	
				i	0142233	
Do a dise the second was a second was a second was a second with a second was a sec	his form for proposals to drill o ell. Use Form 3160-3 (APD) for	or to re-ei such proj	nter an oosals.	6. If Indian,	Allottee or Tribe Name	
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No. CATO SAN ANDRES UNIT 8. Well Name and No. CSAU #38 9. API Well No. 300-05-20099 10. Field and Pool, or Exploratory Area		
1. Type of Well ☐ ☐ Gas Well ☐ ☐ Other ☐ Other						
2. Name of Operator CANO PETRO OF NEW MEXICO, INC.						
3a. Address 3b. Phone No. (include area code) 6500 N. BELT LINE ROAD, #200, IRVING, TX 75063 214.687.0030						
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					SAN ANDRES	
1980 FNL & 1980 FEL; Unit G, Section 8, Township 8S, Range 30E				11. County or Parish, State		
					CHAVES COUNTY, NM	
12. CHECK A	PPROPRIATE BOX(ES) TO INDICAT	E NATURE	OF NOTICE, R	EPORT, OR	OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION						
	Acidize Deeper	1	Production (Sta	rt/Resume)	Water Shut-Off	
✓ Notice of Intent	Alter Casing Fractur		Reclamation		Well Integrity	
Subsequent Report		onstruction	Recomplete Temporarily Ab	endon	Other Corrective Action	
Final Abandonment Notice	Convert to Injection Plug Br	id Abandon ack	Water Disposal	andon		
determined that the site is ready Dig up contaminated dirt	and test soil for chlorides & TPN. Once	levels are acc	eptable by BLM, re	efill escavated	area with clean top soil or	
caliche, if on location. Lea ACCEPTED RECORI		i be put in pla	ace and safety shut	downs for flui	d loss are put in place.	
FEB 1, 3 2	012 /					
NAME ALOGO	nar er F					
14. Thereby certify that the fore	<u>)</u> going is true and correct		H-3-	<u> </u>		
Name (Printed/Typed) JAYNE WOLLISON		Title	Title DIRECTOR OF OPERATIONS			
Signature Seyne Wellism		Date	Date 09/23/2011			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved by		Titl			ata.	
Conditions of approval, if any, are attached. Approval of this notice does not warrant			ie .	Da	uc	
certify that the applicant holds legal or equitable title to those rights in the subject leas which would entitle the applicant of conduct operations thereon			ice			
Title 18 U.S.C. Section 1001 and Title	43 U.S.C. Section 1212, make it a crime for a	ny person know	wingly and willfully t	o make to any	department or agency of the United	
States any taise, fictitious or fraudul-	ent statements or representations as to anyma	tter within its j	urisdiction.	- mane to any	opportunent of agency of the Office	
(Instructions on page 2)						