

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNew Mexico Oil Conservation Division, District 1
1625 N. French Drive
Hobbs, NM 88240
FORM APPROVED
B No. 1004-0137
Expires: March 31, 2007
Lease Serial No.

FEB 15 2012

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator CANO PETRO OF NEW MEXICO, INC.

3a. Address

6500 N. BELT LINE ROAD, #200, IRVING, TX 75063

3b. Phone No. (include area code)

214.687.0030

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FNL & 1980 FEL; Unit B, Section 8, Township 8S, Range 30E

6. If Indian. Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

CATO SAN ANDRES UNIT

8. Well Name and No.

CSAU #11

9. API Well No.

30-005-20164

10. Field and Pool, or Exploratory Area

CATO; SAN ANDRES

11. County or Parish, State

CHAVES COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Corrective Action
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers 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 within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices 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.)

Stuffing box leaking. Shut-in well. Remove contaminated soil and dirt. Test to clear site of contaminants. Replace soil with like kind soil. Well will remain down until flowline can be replaced to lower line pressure.

ACCEPTED FOR
RECORD

FEB 13 2012

NAME

J. Wollison
2/13/12

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

JAYME WOLLISON

Title DIRECTOR OF OPERATIONS

Signature

Jayme Wollison

Date

09/23/2011

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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.

Title

Date

Office

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)

FEB 16 2012

ENTERED IN
AFMSS