| Dec-15-05 | 01:32pm | From-United States Dept Of Interior BLM Ros | 1 505 627 0276 | T-097 | P.001/002   | ۶-         |
|-----------|---------|---|----------------|-------|-------------|------------|
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|   | New   | Mexico Oil Co           |   |  |
|---|---|-------------------------|---|--|
| Form 3160-5<br>(September 2001)   | UNITED STATES   | <b>TT T</b>             | N. French Driv<br>bs, NM 88240  | OMB No. 1004-0135                                    |
|   | DEPARTMENT OF THE INTE<br>BUREAU OF LAND MANAGEN  | KIUK <sup>IIW</sup>     |   | Expires January 31, 2004                             |
|   | Y NOTICES AND REPORTS   |                         | BBS OCD 5.  | Lease Serial No.                                     |
| Do not use t  | his form for proposals to drill   | or to re-enter an       | 017 6   | NM NM (7461531-<br>If Indian, Allortee or Tribe Name |
| abandoned w   | ell. Use Form 3160-3 (APD) for  | such proposals.         | X 29 2012 G   | The manage of the traine                             |
| SUBMIT IN TR  | RIPLICATE - Other instruction   |                         | 7   | If Unit or CA/Agreement, Name and/o                  |
| 1. Typc of Well<br>Da Oil Well D Gas Well   |   |                         | 8   | Well Name and No.                                    |
| 2. Name of Operator   | CARNS   |                         |   | Miller Federal #,                                    |
| 3a. Address   | EARNS 1<br>88/14 30   | Phone No. (include area |   | 30-00521012  |
| 17C65 Box 988   | CLOSS MADS NM   | 515-615                 |   | Field and Pool, or Exploratory Area                  |
| 4. Location of Well (Footage, Sec   | , T., R., M., or Survey Description)  |                         |   | TomTom   |
| 1980'FSL, 330   | ,   |                         | 1   | - County or Parish, State                            |
| Sec. 35, T72  |   |                         |   | Chaves, N.M.   |
|   | PROPRIATE BOX(ES) TO INI  | ·····                   |   | DRT, OR OTHÉR DATA                                   |
| TYPE OF SUBMISSION  | <u>}</u>  | ·····                   | FACTION   | ······································               |
| Notice of Intent  |   |                         | Production (Start/Res   | _  |
| -   |   | Fracture Treat          |   | Well Integrity                                       |
| Subsequent Report   |   | Vew Construction        | Recomplete  | • Other  |
| Final Abandonment Notice  |   | lug Back                | Temporarily Abandor<br>Water Disposal   |  |
| electric le<br>to Loase.  | Oprok. 20' and<br>of to land far<br>perator of Loare a<br>ox. Road was<br>Clacke was<br>p jack was 2<br>cross Bardere), | not ripp                | Bussell 17<br>red beca<br>fill are  | Remove Q.<br>use of access                           |
|   |   | :                       | ×   |  |
| 14. I hereby certify that the foregoing   | is true and correct   |                         |   |  |
| Name (Princod/Typed)<br>John R. St  | earns ,   | Jile Del                | iner  |  |
|   | A A A   |                         |   |  |
| Signature film  |   |                         | ······································  |  |
|   | THIS SPACE FOR FE   |                         | ant Field Mana  |  |
| 15/21   | gel Mayes   |                         | And Minerals  | Date MAY 2 5 201                                     |
| pproved by  | ached. Approval of this notice does no  | subject lease Office    |   | 12   |
| onditions of approval, if any, are all  |   | - 044100                | A Designed and the second s |  |
| bonditions of approval, if any, are all<br>ertify that the applicant holds legal (<br>which would entitle the applicant (o ex-  |   |                         | NOSWELL FIE   |  |
| Conditions of approval, if any, are all<br>ertify that the applicant holds level<br>which would entitle the applicant ( $\sigma$ contains the second seco | 43 U.S.C. Section 1212, make it a crim<br>statements or representations as to any n                                     |                         |   |  |

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