Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires January 31, 2004

BUREAU OF LAND MANAGEMENT

OCD-HO SES OCD 5. Lease Serial No

SUNDRY NOTICES AND REPORTS	ON WELLS	1

icorm for proposals to cuse Form 3160-3 (APD) ICATE - Other Instruction L., M., or Survey Description) Sec 23-T18S-R32E		SINGRECENTED)	7. If Unit or C. NM91005X 8. Well Name QPQASU #1 9. API Well N 30-025-2703	6 No.			
her /	3b. Phone No (include		NM91005X 8. Well Name QPQASU #1 9. API Well N 30-025-2703	and No. / 6 No.			
., M., or Survey Description)	,	area code)	8. Well Name QPQASU #1 9. API Well N 30-025-2703	6 No.			
., M., or Survey Description)	,	area code)	QPQASU #1 9. API Well N 30-025-2703	6 No.			
•	,	area code)	9. API Well N 30-025-2703	No.			
•	,	area code)		37			
•	505-393-5905		10 Field and F				
•	/ .		10. Field and Pool, or Exploratory Area				
•			Querecho Plains Queen Assoc				
Sec 23-T18S-R32E							
	990' FSL & 990' FWL, Unit M of Sec 23-T18S-R32E						
			Lea County,				
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RI							
	TYF	PE OF ACTION					
ally or recomplete horizontally ork will be performed or provi 1 operations. If the operation re	, give subsurface locations de the Bond No. on file w esults in a multiple comple	Reclamation Recomplete Temporarily Ab Water Disposal mated starting date of as s and measured and tru vith BLM/BIA. Requiretion or recompletion	nandon ny proposed work e vertical depths c ed subsequent rep in a new interval,	of all pertinent markers and zones. norts shall be filed within 30 days a Form 3160-4 shall be filed once			
al or d ba n m	Alter Casing Casing Repair Change Plans Convert to Injection Tation (clearly state all pertin ly or recomplete horizontally k will be performed or provi operations. If the operation r andonment Notices shall be to	Alter Casing Fracture Treat Casing Repair New Construction Change Plans Plug and Abandon Convert to Injection Plug Back ration (clearly state all pertinent details, including estrily or recomplete horizontally, give subsurface location k will be performed or provide the Bond No. on file voperations. If the operation results in a multiple complandonment Notices shall be filed only after all require all inspection.)	Alter Casing Fracture Treat Reclamation Casing Repair New Construction Recomplete Change Plans Plug and Abandon Temporarily Ab Convert to Injection Plug Back Water Disposal ration (clearly state all pertinent details, including estimated starting date of a by or recomplete horizontally, give subsurface locations and measured and true will be performed or provide the Bond No. on file with BLM/BIA. Require operations. If the operation results in a multiple completion or recompletion is and onment Notices shall be filed only after all requirements, including reclausal inspection.)	Alter Casing			

14. 1 hereby certify that the foregoing is true and correct Name (PrintedlTyped)	 			
Jackie Lathan	Title Hobbs Regulatory			
Signature Sockie Lethan	Date 11/04/11			
A	LOR STATE OFFICE USE	e ati		
Approved by (Signature) James a. Romas	Name Tanes A. Ams Title	SEPS		
Conditions of approval, if any, are attached. Approval of this notice does not warr certify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations thereon.	rant or the lease SFO	10 de - 30 - 12		

Title 18 U.S.C. Section 2001 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.