1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A S	New M	avian Oll a			
	to a	11011 111	LASE N	servation	Division, District I	
Form 3160-5 AUG 2005	NUNITED STATES		-0-0 11			
(1411 2001)	FDAD THE OF THE	INTERIOR		5, INIVI - 83	PORM APPROVED ROMENIO 1004-0137 Expires: March 31, 2007	
S Northand	SUREAD OF LAND MAN	AGEMENT		5. Lease Serial	No.	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an Sabandoned well. Use Form 3160-3 (APD) for such proposals.				NM 01135           6. If Indian, Allottee or Tribe Name           N/A		
<ol> <li>Type of Well         Oil Well             Gas Well             Other     </li> <li>Name of Operator             Edge Petroleum Operating Company, Inc.</li> </ol>				N/A. 8. Weil Nan	8. Well Name and No.	
				Southeast Lusk 34 Federal #2           9. API Well No.		
3a Address 1301 Travis, Suite 2000; Hous		b. Phone No. <i>(include area code)</i> 713-654-8960		30-025-37357 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Lusk Delaware			
Sec 35 T195 B32F				11. County or Parish, State		
1750' FNL & 530' FWL				Lea County, New Mexico		
	PPROPRIATE BOX(ES) TO			REPORT, OR	COTHER DATA	
TYPE OF SUBMISSION	- p	T	YPE OF ACTION		<u> </u>	
	Acidize	Deepen	Production (S	tart/Resume)	Water Shut-Off	
✓ Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
Subsequent Report	Casing Repair	New Construction		handon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposa			
determined that the site is read As per our conversation Petroleum would like to On the 7-5/8" casing s External Casing Packd 10-3/4" casing at 2950	Final Abandonment Notices shall be dy for final inspection.) with Joe Lara with the Bureau propose an Alternate Cement et at 4270', we propose to set a er (ECP). The External Casin +/ Cement will be circulated cement to be at approximately	u of Land Manageme and Casing Program DV Tool (Stage Coll g Packer is to be set i l to surface.	nt/Carlsbad Office, E as follows: ar) above an nside the		an completed, and the operator has	
j.						
14. I hereby certify that the fo Name (Printed/Typed)	regoing is true and correct	<u> </u>	·			
Lindsay Trues	dell	Title	- Consultant			
Signature And	Say mes	ful Date	;	08/11/2005		
	THIS SPACE FOR	R FEDERAL OF	STATE OFFIC	EUSE		
Approved by			Title Office		Date	
Title 18 U.S.C. Section 1001 and 7		it a crime for any persons as to any matter with	n knowingly and willfu in its jurisdiction.	lly to make to a	ny department or agency of the U	
(Instructions on page 2)						