

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
Hobbs

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

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.

5. Lease Serial No.
NMINM0276225

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

Oil Well Gas Well Other

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

3a. Address
PO BOX 4470
TULSA, OK 74159

3b. Phone No. (include area code)
918-582-0088

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

8. Well Name and No.
CSAU 1

9. API Well No.
30-005-20086

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SECTION 22, T8S, R30E, SESE
Unit P

10. Field and Pool or Exploratory Area
CATO SAN ANDRES

11. Country or Parish, State
CHAVES, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" 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 recomplete 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

FILING SUNDRY NOTICE OF P&A OF WELL CSAU #001 (3000520086). PLUGGED 9/12/1979. PREVIOUS OPERATOR DID NOT FILE REQUIRED PAPERWORK WITH BLM.

Accepted For Record Only!

E-PERMITTING

P&A NR _____

DHC COMP _____

CSNG _____

TA _____ RBDMS _____

INT to PA

P&A R 

CHG Loc _____

Approved as to plugging of the well bore. Liability under bond is retained until surface restoration is completed.

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)
RICK HARRIS

Title DIRECTOR OF EXPLORATION AND PRODUCTION

Date 3/24/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

ACCEPTED FOR RECORD
/S/ DAVID R. GLASS

Title

Date

Conditions of approval, if any. The 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.

Office

Roswell Field 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 claims in any matter within its jurisdiction.

(Instructions on page 2)

Accepted for Record Only

WBS/ocb 4/7/2015

APR 08 2015