rm 3160-5 ptember 2001)

## New Mexico Gildlesservation Division, District I

DEPARTMENT OF 1815 INTERIOR! Drive BUREAU OF LAND MANAGEMENT 58248

SUNDRY NOTICES AND REPORTS ON WELLS to not use this form for proposals to drill or to re-enter and

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

5. Lease Serial No.

NM-2390

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.						6. If Indian, Allottee or Tribe Name				
SUBMIT IN TRIPLICATE. Other instructions on reverse side							7. If Unit or CA/Agreement, Name and/or No.			
Type of Well										
Oil Well Gas Well Other						8. Well Name and No.				
Name of Operator AR Oil and Gas Corp							TP Federal No 1  9. API Well No.			
Address			b. Phone No. (inci	code)	30-025-24278					
			חבסבייובס			10. Field and Pool, or Exploratory Area				
D Box 5155, Santa Fe NM, 87502 Location of Well (Footage, Sec., T, R., M., or Survey Description) nit F, 1980 FNL, 1980 FWL, S27 T9S, R37E			505-989-1977 <b>RECEIVED</b>			West Sawyer, San Andres				
			NOV 1 6 200			11. County				
				300:	ARTESIA	Lea, NM				
12. CHECK AP	PROPRIATE BOX(ES) TO	) IN	DICATE NAT	URE O	F NOTICE, RI	EPORT, O	R O	THER DATA		
TYPE OF SUBMISSION TYPE OF AC					F ACTION					
	Acidize		Deepen		Production (Start	/Resume)		Water Shut-Off		
✓ Notice of Intent	Alter Casing		Fracture Treat		Reclamation			Well Integrity		
☐ Subsequent Report	Casing Repair		New Construction	. 🗆	Recomplete			Other		
	Change Plans	$\overline{\mathbf{V}}$	Plug and Abando	n 🗖	Temporarily Aba	ındon				
Final Abandonment Notice	Convert to Injection		Plug Back		Water Disposal					
original sigr	lliburton and BJ services to sur lowing any cmt to plug wells a	pply t thi plug with	cmt to plug the stime due to the g the well.	well	ply shortage for t			g operations in the P	ermian	
I. 1 hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct							80		
ıane C Winkler			Title v	ations						
Signature	ignature d Cu Date				25, 2005	agen				
	THIS SPACE F	OR	Caracante acesta at	STATE STATE	anest (como destate)	Ast Care	ora Es			
pproved by (Signature)				Name (Printed Ty	med)		Title	Date	Carlotte March 1972	
anditions of annexed if any	etteched Approval afthis			Office	r/		oled '	Date		
onditions of approval, if any, are rtify that the applicant holds lega- hich would entitle the applicant to	the subject lease			Acce	.*					

itle 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 lates any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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