## OCD-HOBBS

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND WAY OF THE

FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007

2.1p2-00: 1.1m2-01: 3 1, 2-0 1,						
5.	Lease Serial No.	· ·				
	NMNM1150					
6.	If Indian, Allottee or 7	ribe Name				

CUMPDY	5. Lease Serial No. NMNM1150			
Do not use ti	NOTICES AND REP his form for proposals to ell. Use Form 3160-3 (A	drill or to re-	enter an	If Indian, Allottee or Tribe Name
SUBMIT IN TR	7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well  ✓ Oil Well	8. Well Name and No.			
2. Name of Operator Amerada He	ss Corporation			Reed A-3 Federal #16  9. API Well No.
3a. Address P.O. Box 840 Seminole, TX		3b. Phone No. (include 432-758-6738	e area code)	30-025-33300 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec.,	T., R., M., or Survey Description)			Monument Abo
330' FNL, 330' FEL, Sec. 3, T	20S, R36E			11. County or Parish, State  Lea, New Mexico
12. CHECK AI	PPROPRIATE BOX(ES) TO I	INDICATE NATUR	E OF NOTICE, RI	EPORT, OR OTHER DATA
TYPE OF SUBMISSION		TYI	PE OF ACTION	
✓ Notice of Intent  ☐ Subsequent Report  ☐ Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (Star Reclamation Recomplete Temporarily Abe	Well Integrity Other
following completion of the inv testing has been completed. Fir determined that the site is ready Plan to MIRU and pressur	rolved operations. If the operation re nal Abandonment Notices shall be fill for final inspection.) re test casing to 500 psig for 30 m on respectfully requests permissi	sults in a multiple compi led only after all requirer minutes and chart.	letion or recompletion in nents, including reclama	d subsequent reports shall be filed within 30 days a new interval, a Form 3160-4 shall be filed once tion, have been completed, and the operator has ned well to evaluate economical
APPROVED FOR	/2 MONTH PE	RIOD	ont	gen to become  yen to become  yen to become  you of party out  you compliance  to at assessment  phase.
SEE AT' CONDITION	TACHED FOR S OF APPROX	t to the state of	g, r	on the assessment phase.
14. I hereby certify that the foreg Name (Printed/Typed)	going is true and correct	1		
Carol J. Moore		Title Sr.	. Advisor/Regulatory	
Signature ( QUE)	J. Mora	Date	12.	/19/2005
	THIS SPACE FOR FE	EDERAL OR ST	TATE OFFICE U	JSE APPROVED
Approved by Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to Title 18 U.S.C. Section 1001 and Title States any false fictitions or fraudule.	ttached. Approval of this notice do or equitable title to those rights in ti	es not warrant or he subject lease Of	tle	Date JAN 12 2006  GARY COUR of the United make to any department of the ENGINEER
(Instructions on was 2)	an ataconoms of representations as	to any matter within its	jurisuiction.	ENGINEER

(Instructions on page 2)

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