

UNITED STATES
DEPARTMENT OF THE INTERIOR **OCD Hobbs**
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

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.
LC-070315

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
Fasken Oil and Ranch, Ltd.

3a. Address
6101 Holiday Hill Road
Midland, TX 79707

3b. Phone No. (include area code)
432-687-1777

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SHL - Unit Letter D, Sec. 21, T20S, R34E, 200' FNL & 675' FWL
BHL - Unit Letter E, Sec. 28, T20S, R34E, 2310' FNL & 330' FWL

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

8. Well Name and No.
Paloma "21" Federal No. 1H

9. API Well No.
30-025-41993

10. Field and Pool or Exploratory Area
Lea; Bone Spring, South

11. County or Parish, State
Lea, New Mexico

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 checked="" type="checkbox"/> Other <u>Production Casing & MD</u>
	<input type="checkbox"/> Change Plans	<input 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.)

9-22-14 - 10-10-14

Drilled an 8 3/4" hole from 5235' - 18,153'. MD @ 18,153', TVD @ 11,157', and KOP @ 10,450'. Ran 407 Jts. of 5-1/2" 17# HCP-110 TTRS1 (Special Buttress) casing @ 18,136'. Pumped 40 bfw followed by 1300 sx Light Weight Cement with 5% Salt, 8% gel, 0.2% D046 (anti-foam), .134 lbs/sack cellophane flake, 0.2% D112 (fluid loss), 0.1% D208 (viscosifier), 0.2% D013 (retarder) (s.w. 11.9 ppg, yield 2.48 ft3/sx), tailed in with 2400 sx Lateral Tail Slurry with 2% gel, 0.5% D065 (dispersant), 0.2% D046 (anti foam), 2% D174 (expanding agent), 3 lb/sx D174 (extender), 0.2% D207 (fluid loss), 0.1% D208 (viscosifier) (s.w. 14.5 ppg, yield 1.29 ft3/sx). Displaced plug with 10 bbls of sugar water and 430 bbls of 2% KCL water. Plug down at 3:30 am CDT 10-9-14. Full returns throughout job, circulated 362 sx of cement to surface. Bumped plug with 3750 psi. Pressured up to 5000 psi and burst the top plug and displaced 5 bbls of sugar water in and around the shoe. Released pressure and floats did not hold. Flowed back 7 bbls. Pumped 7 bbls and shut in at 3000 psi. Ran 8-1/2" SpiraGlider centralizers on the center of every other joint from to 9897'. For a total of 92 centralizers. Pressure test casing 5000 psi.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
Kim Tyson

Title Regulatory Analyst

Signature *Kim Tyson* Date 10/21/2014



THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____ Date _____

Office _____

Conditions of approval, if any, are 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.

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 representations as to any matter within its jurisdiction.

(Instructions on page 2)

OCT 27 2015

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