

UNITED STATES Operator Copy
DEPARTMENT OF THE INTERIOR
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.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM 99146
2. Name of Operator Seely Oil Company		6. If Indian, Allottee or Tribe Name
3a. Address 815 W 10th St. Fort Worth TX 76102	3b. Phone No. (include area code) 817-332-1377	7. If Unit of CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit 1, Sec. 33, T17S, R33E, 2310 FSL, 330 FEL.		8. Well Name and No. Cockburn Federal #7
		9. API Well No. 30-025-01362
		10. Field and Pool, or Exploratory Area Corbin, Queen
		11. County or Parish, State Lea County, NM

12. CHECK 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input checked="" 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 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.

03/24/15 MIRU Plugging equipment. POH w/ rods and pump. 03/26/15 Dug out cellar. ND wellhead. NU BOP. POH w/ tbg. RIH w/ guage ring to 4300'. Set 5 1/2 CIBP @ 4250. Pumped 100 bbls of mud laden fluid. Spotted 25 sx cement @ 4250-4003. Spotted 25 sx cement @ 3850-3603. POH w/ tbg. 03/26/15 Tagged plug @ 3601'. Spotted 25 sx cement @ 2900-2659. WOC. Tagged plug @ 2651'. Pressured up on csg. Did not hold pressure. Perf'd csg @ 1755', 1700', 1650', 1600', (per Jim Amos w/ BLM). Spotted 35 sx cement @ 1805'-1468. POH w/ tbg. WOC. 03/27/15 NO TAG. Re-Spotted 35 sx cement @ 1805-1468. WOC. Tagged plug @ 1700'. Spotted 25 sx cement @ 1700-1459. 03/30/15 Tagged plug @ 1540'.. POH. Isolated holes in csg @ 320-350. ND BOP. Set packer @ 8'. Sqz'd 100 sx cement @ 350 to surface. WOC. Verified cement @ surface. Riggged down and moved off. 04/07/15 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded on "Below Ground Dry Hole Marker". Backfilled cellar. Dug up deadmen. Cleaned location and moved off.

RECLAMATION
DUE 10-7-15

Accepted 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) David L. Henderson		Title President
Signature <i>[Signature]</i>		Date 01/26/2016
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved by <i>[Signature]</i>		Title SAET
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.		Date 2-17-16
		Office CFO

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)

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