

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED  
OMB No. 1004-0137  
Expires: January 31, 2018

**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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Seely Oil Company

3a. Address 815 W. 10th Street  
Fort Worth, TX 76102

3b. Phone No. (include area code)  
(817) 332-1377

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
2026' FSL & 1961' FEL, J-Sec. 10-T18S-R33E

5. Lease Serial No. NMNM 53380

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No. Caviness 10 Federal #1

9. API Well No. 30-025-30311

10. Field and Pool or Exploratory Area  
Corbin Queen Central

11. Country or Parish, State  
Lea County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input checked="" 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"/> Hydraulic Fracturing	<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 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 recompleat 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 recompleat 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.)

1. MI & RU Completion Unit. TOH w/rods & tbg.
2. TIH w/ pkr & tbg. Set pkr @ 4160' +/-.
3. Squeeze perforations from 4244' - 4282 in stages until a squeeze pressure is attained. TOH
4. TIH w/ 4 3/4" bit & tbg. Drill out cmt & test. Drill out CIBP @ 7290'. TOH
5. TIH w/ pkr and tbg. Set pkr @ 7290'.
6. Squeeze perforations from 7342' - 7352' in stages until a squeeze pressure is attained. TOH
7. TIH w/ 4 3/4" bit & tbg. Drill out cmt & test. Drill CIBP @ 8085', TOH
8. TIH w/pkr and tbg. Set pkr @ 8070'.
9. Squeeze Bone Spring perforations from 8135' - 8585' until a squeeze pressure is attained. TOH
10. TIH w/4 3/4" big, drill collars and 2 7/8" drill pipe. Deepen to lower part of the 2nd Bone Spring.
11. TOH. Log open hole interval.
12. Run 4" flush joint pipe.
13. Cmt w/ 200 sx remium Pozmix w/ 6lbs salt / sx and .75% CFR 3. (total volume - 230 cu. ft.)
14. Run cmt bond log and perforate appropriately.
15. Treat per recommendations of service personnel.

needs to be submitted w/  
more information like  
an APP (mud weight, cement  
yields, BOP size + diagrams  
etc.)

Rejected.

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

David L. Henderson

Title President

Signature

*David L. Henderson*

Date

October 26, 2015

**THE SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Rejected

Title

03/22/2016

Date

10/21/2015

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.

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 representations as to any matter within its jurisdiction.

MAR 29 2016

Sundry Notice  
Form 3160-5  
Page 2

4" 11.0 lb/ft L80 FJ csg. Properties

Collapse pressure 8800

$9800' \times .052 \times 9.0 = 4586.4 \text{ psi}$

Factor of safety – 1.91

Burst pressure 9170

$9800' \times .052 \times 9.0 = 4586.4 \text{ psi}$

Factor of safety = 1.99

Internal yield pressure 129,000

$9800' \times 10.2 \text{ lb/ft} = 99960 \text{ lbs.}$

Factor of safety = 1.29