

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

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.*

5. Lease Serial No. LC-055546

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No. Wells Federal #2

9. API Well No. 30-025-11440

10. Field and Pool or Exploratory Area Jalmat

11. Country or Parish, State Lea Co. NM

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator Herman L. Loeb LLC

3a. Address PO Box 838  
Lawrenceville, Ill. 62439

3b. Phone No. (include area code)  
(618) 943-2227

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit letter G, 1,980' FNL, 1,980' FWL, Sec 4, 25S, 37E ✓

**RECEIVED**

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)	INT TO PA _____ P&A NR _____ P&A R <u>fm.</u> ✓
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	
	<input type="checkbox"/> Change Plans	<input checked="" 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 recomplate 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.)

2/4/2016: MIRU Capitan WL. Set CIBP @ 2,800'. Attempt to load and pressue test csg w/no success. Run packer & determine that work on a previous intent was performed and there is a top perf @ 2,794'.

2/5/2016: Set CIBP @ 2,700'. Load csg w/fresh wtr & pressure test csg & CiBP to 500 psi. Tstd OK. Spot 50 sx Class C cmt mixed @ 14.8 ppg on top of CIBP. Spot 17 bbls 9.5 ppg salt gel spacer @ 2,200'.

2/6/2016: RIH w/WL & tagged cmt plug @ 2,202'. Perf 1,460'-1,461'. PT csg to 500 psi w/no leak off. Spot 60 sx Class C cmt mixed @ 14.8 ppg @ 1,524'.

2/8/2016: Tgd cmt plug @ 1,041'. Spot 15 bbls 9.5 ppg salt gel spacer on top of cmt plug. Perf 400'-401'. Pressure test csg to 1,000 psi w/no leak off. Spot 140 sx Class C cmt mixed @ 14.8 ppg @ 466' to surface w/no displacement w/good cmt to surface. TOH & top of csg w/cmt.

2/10/2016: Cut off all csg strings. Found cmt inside of 5 1/2" csg more than 25' down. Cmt in 5 1/2" csg annulus 4' dwn.

2/11/2016: Topped off all csg strings w/2 sx Class cmt mixed @ 14.8 ppg. Welded cap on all csg strings & installed dry hole marker. Removed all equipment & reseeded location.

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)  
Michael Polley 719-342-5600

Signature Michael Polley

Title Agent for Hermal L. Loeb LLC

Date 06/12/2016

**RECLAMATION**  
**DUE 8-11-16**

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

Approved by James R. Jones

Title SLET

Date 9.24-16

Office CFD

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)

**FOR RECORD ONLY**  
MW/OCD 10/3/2016