Form 3160-5 (September 2001)

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

OCD-ARTESIA

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

5. Lease Serial No.

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.				NM-56520 6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side				7. If Unit or CA/A	greement, Name and/or No.
1. Type of Well Oil Well Gas Well	Other		BECEIVED	8. Well Name an	d No.
2. Name of Operator			IIIN O O o	Milagro 28 Fede	eral Com #1
•	744	_	JUN 3 0 2006	9. API Well No.	_
3a. Address		3b. Phone No. (inc	line-dreated to ESIA	30 - C	15-35012
PO Box 5270 Hobbs, NM_88	240	505-393-5905		10. Field and Pool	, or Exploratory Area
PO Box 5270 Hobbs, NM 88240 [505-393-5] 4. Location of Well (Footage, Sec., T. R., M., or Survey Description)				Happy Valley N	Aorrow
4. Location of Well (1 bottage, Sec., 1, N., M., of But vey Description)				11. County or Par	
1500' FNL & 990' FWL Unit E Sec 28-T22S-R26E				Eddy County, N	JM
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NAT	TURE OF NOTICE, R	EPORT, OR OT	HER DATA
				·	
TYPE OF SUBMISSION			TYPE OF ACTION		
	Acidize	Deepen	Production (Start	/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity
	Casing Repair	New Construction	n Recomplete	$\overline{\square}$	Other BOPE Test
Subsequent Report	Change Plans	Plug and Abando	= :	<del>-</del>	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
Mewbourne Oil Company receiv pressure test on both the 13 3/8" 13 3/8" BOPE stack with rig pun before drilling out of the 9 5/8" c	ed an approved APD on 06/05/0 and 9 5/8" BOPE testing for it is up to 70% of burst rate. MOC w	s not required as per vill test the 9 5/8" E	er BLM Onshore Oil & Ga BOPE to 5000# and hydril Burke at (505) 390-7169	as Order #2. MOC to 1500# with a th	would also like to test the aird party testing company
14. 1 hereby certify that the foregoin Name (Printed!Typed)	g is true and correct	Tial			
Kristi Green		Title	Hobbs Regulatory		
Signature butto	Green	Date	06/20/06		
	V THIS SPACE FO	REDERALOR	STATE OFFICE USE		
Approved by (Signature)			Name (Printed/Typed)	Title	
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to o	al or equitable title to those rights	does not warrant or in the subject lease	Office		Date

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.