New Mexico Cil Conservation Division, District I 1628 N. French Deite Hobbs, NAI 88240

| Form 3160-5 (April 2004) | UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT | | | | | FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007 | |
|---|--|--|-----------------------------|--|---|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | | Fee. | | |
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160 - 3 (APD) for such proposals. | | | | | 6. If Indian, Allottee or Tribe Name | | |
| SUBMIT IN TRIPLICATE- Other instructions on reverse side. | | | | | 7. If Unit or CA/Agreement, Name and/or No. | | |
| I. Type of Well ✓ Oil Well Gas Well Other | | | | | 8. Well Name and No. | | |
| 2. Name of Operator United Heritage New Mexico Corp | | | | | | an Andres #35 | |
| 3a Address | 3h Phone No | Phone No. (include area code) | | | ell No. -20046 | | |
| 200 N. Loraine, Ste. 400, Mic | 432-686-2618 | | | 10. Field and Pool, or Exploratory Area | | | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | | | CATO SAN ANDRES | |
| 1980' FNL & 1980' FWL, Se | | 11. County or Parish, State | | | | | |
| | | | | | Chaves Co., NM | | |
| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | | | | | | | |
| TYPE OF SUBMISSION | SUBMISSION TYPE OF ACTION | | | | | | |
| Notice of Intent | Acidize | Deepen | | Production (St | art/Resume) | Water Shut-Off | |
| per | Alter Casing | Fracture Tr | | Reclamation | | Well Integrity | |
| Subsequent Report | Casing Repair Change Plans | New Const | | Recomplete Temporarily A | handon | ✓ Other | |
| Final Abandonment Notice Convert to Injection Plug Back Water Disposal | | | | | | | |
| following completion of the i testing has been completed. I determined that the site is rea | OH w/tbg, RIH w/tbg, hydrotes | results in a multi filed only after a | iple comple Il requirema | tion or recompletion ents, including reclan | in a new interva nation, have bee | ıl, a Form 3160-4 shall be filed once in completed, and the operator has | |
| | | | | | RI S-2 | eceived 155 hops | |
| 14. Thereby certify that the for Name (Printed/Typed) | egoing is true and correct | 1 | | | 15 | 31-15 | |
| Jesse K. Lawso | n | | Title Pet | roleum Engineer | | | |
| Signature Association | K: Faras A. | | Date | (| 04/03/2007 | | |
| ACCEPTEL | THIS SPACE FOR F | EDERAL | OR ST | ATE OFFICE | USE | | |
| Approved by Conditions of approval, if any farcertify that the applicant holds leg which would entitle the applicant | AD R GLA catached. Approval of this notice of all or equitable title to those rights in to conduct operations thereon. | SSloes not warrand the subject lead | Titl | | Γ | Date | |
| | | crime for any p as to any matter | person knov within its j | vingly and willfully urisdiction. | to make to any | department or agency of the United | |

(Instructions on page 2)

GWW