Form 3160-5 (September 2001)

OCD-HOBBS UNITED STATES OCD DEPARTMENT OF THE INTERIOR

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

BUREAU OF LAND MANAGEMENT				5. Lease Serial No. NMNNMZ3777
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an				6. If Indian, Allottee or Tribe Name
Do not use the abandoned we	is form for proposals to M. Use Form 3160 - 3 (/	o anii or to re-e APD) for such pro	posals.	
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well Gas Well Other				R Well Name and No.
2. Name of Operator John H. Hennnix, Comp. 3a. Address 88231 3b. Phone No. (include area clide)				8. Well Name and No. LINDH FEN # 3. 9. API Well No.
3a Address	n 17, 17en 88231	3b. Phone No. (metuda	e area obde)	9. API Well No. 300 2525759
P.O. BOX 910,	tunice nimi	505-394	-2649	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., 1980 FML	I., K., M., or Survey Description)	100-10	38/=	11. County or Parish, State
680' FWL	523-T2			Les (n.m.)
12. CHECK A	PPROPRIATE BOX(ES) TO	INDICATE NATUR	E OF NOTICE, R	EPORT, OR OTHER DATA
TYPE OF SUBMISSION		TY	PE OF ACTION	
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Sta	nt/Resume) Water Shut-Off Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete	Other Aban Oon
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily Al Water Disposal	AND ROAD
following completion of the intesting has been completed. Fit determined that the site is ready To (om, We; ') 2) 3) 4) / 5)	rolved operations. If the operation nal Abandonment Notices shall be for final inspection.) A Ly W/ / CLEANED TO VIC up CONTOURE 2 e - See De Tracted Tracted	results in a multiple comp filed only after all require BLM M Locatio ALL CA ALL CA CA TO CO	eletion or recompletion in ments, including reclams orice in the control of the control or contro	ed subsequent reports shall be filed within 30 days in a new interval, a Form 3160-4 shall be filed once ation, have been completed, and the operator has 1310 (NMNM 2377)
14. I hereby certify that the fore Name (Printed/Typed)	going is true and correct	I	1 -	
Manus	Burowe	Title	Inod.	Supt.
Signature		Date	51141	y
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
Approved by James	a. am	т	itle SEA5	Date 5-29-07
Conditions of approval, if any, are a certify that the applicant holds legal		. 4	effice 140	

which would entitle the applicant to conduct operations thereon.

Office CD

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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.