Form 3160-5 (August 1999)

DEPARTMENT OF THE INTERIOR BUILD STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires November 30,2000

5 Lease Senal 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 SUBMIT IN TRIPLICATE - Other Instructions on reverse side					NM-02791 A		
					llottee or Tribe Name		
					7. If Unit or CA/Agreement, Name and/or No. North El Mar Unit		
1 Type of Well				NM 70994X Du			
Other				8. Well Name and No.			
2 Name of Operator					l Mar Unit #38		
Saha	ny		9. API Well No				
3a Address			one No. (include area code)		30 025 08433		
P O. Box 4130, Midland, TX 79704 432/697-0				10. Field and Pool, or Exploratory Area			
4 Location of Well (Footage,	scription)	El Mar (Delaware)					
660' FSL & 660' FWL, Sec 30, T26S, R33E, NMPM					11. County or Parish, State		
Unit Letter "M"					Lea County, N.M.		
12. CHECK APPR	OPRIATE BOX(ES) TO	O INDICATE NATU	RE OF NOTICE,	REPORT, OR	OTHER DATA		
TYPE OF SUBMISSION TYPE OF ACTION							
	Acidize	Deepen 107112	Producti	ion (Start/Resume)	☐ Water Shut-Off		
Notice of Intent	Alter Casing	Fracture Treatment	Reclama	ation	☐ Well Integrity		
173	Casing Repair	New Construction			Other		
Subsequent Report		°77	3! = == 1	arıly Abandon	<u> </u>		
Final Abandonment Notice	Change Plans	Ell Ling and Analigon	AGO Distribution			_	
13 Describe Proposed or Completed O	Convert to Injection	Plug and Abandon Plug Back & CC t details including estimated's	ins Water D		ota duration, thereof	<u> </u>	
Involved operations. If the operation Abandonment Notices shall be filed Status update on Temp We wish to preserve the Well continues to be T	only after all requirements, including the control of the control	well.	covery operation	ons.	e site is ready for final inspect	ion)	
	er in ie/T	TO LIKE AL BY STATE	,	BLM n	hin 31 læj vitness		
XX 111 ' C 11	Q • •	4 1 /22	APP	ROVED FOR	/ MONTH PE	RIOD	
Wellbore is as follows:	_						
	Perfs:	4669'-4691', ENDING 8/7/07					
	CIBP:	@ 464	0'				
14 I hereby certify that the foreg Name (Printed/Typed)	oing is true and correct						
Robert McAlpine			Presider	nt			
Signature AMAM			5/24/2007	7			
	THIS SPACE	FOR FEDERAL OR S	STATE OFFICE U	SE AP	PROVED		
			m: .t			}	
Approved by	shed. Approval of this nation 3-	es not woment or cortife that	Title		Date 7 2007		
Conditions of approval, if any, are atta the applicant holds legal or equitable ti applicant to conduct operations thereon	tle to those rights in the subject le		Office	1111	Ingrow		
Title 18 U.S.C. Section 1001 and Title	43 U.S.C. Section 1212 make i	t a crime for any person know	ingly and willfully to mak	se to any department	SLEY W. INGRAM	s any	

false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction