Form 3160-5 (April 2004)

## New Mexico Of Conformion Division, District I 1625 N. French Drive United States bs, NW 88240 DEPARTMENT OF THE INTERIOR

FORM APPROVED
OM B No. 1004-0137
Expires: March 31, 200

BUREAU OF LAND MANAGEMENT

5. Lease Serial No. NM-022636

## 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

abandoned we	ell. Use Form 3160-3 (APE	) for such pro	pposals.			
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				8. Well Name and No. CSAU 407		
2. Name of Operator CANO PETRO OF NEW MEXICO, INC.				9. API Wel	•	
3a. Address 801 CHERRY ST UNIT 25 SUITE 3200, FT.W. TX 76102 3b. Phone No. (include area code) 817 - 698 - 0900				30-005-27970 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				CATO SAN ANDRES		
J-27-08S-30E				11. County or Parish, State  CHAVES		
12. CHECK AF	PROPRIATE BOX(ES) TO INI	DICATE NATUR	E OF NOTICE, RE	PORT, OR	OTHER DATA	
TYPE OF SUBMISSION		TYI	PE OF ACTION			
Notice of Intent Subsequent Report Final Abandonment Notice	Alter Casing  Casing Repair  Change Plans	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (Start Reclamation Recomplete Temporarily Abat Water Disposal	•	Water Shut-Off Well Integrity Other	
If the proposal is to deepen dire Attach the Bond under which the following completion of the investing has been completed. Fir determined that the site is ready  WILL USE A 2" HIGH Pl	RESSURE HOSE INSTEAD OF A	ve subsurface location to Bond No. on file v tts in a multiple comp only after all require	ns and measured and true with BLM/BIA. Required eletion or recompletion in ments, including reclamat	vertical depths subsequent re a new interval	s of all pertinent markers and zones. ports shall be filed within 30 days a Form 3160-4 shall be filed once completed, and the operator has	
14. I hereby certify that the foregoest Name (Printed/Typed)	going is true and correct	1			,	
CINDY CHAVEZ Title REGULATORY COORDINATOR						
Signature All	whale	Date	10/24/07			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved by /S/ DA\ Conditions of approval, if any, are a	ID R. GLASS ttached. Approval of this notice does	<u></u>	ETROLEUM ENG	SINE <b>E</b> R D	nte NOV 2 6 2007	
	or equitable title to those rights in the		ffice			
	43 U.S.C. Section 1212, make it a crim	ne for any person kn	owingly 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.

