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Form 3160-5 (April 2004) MAR 2 6 2009 DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				FORM APPROVED OM B No 1004-0137 Expires March 31, 2007	
OBSUNDAY NOTICES AND REPORTS ON WELLS				5 Lease Senal No LC 061374A	
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 Τπbe Name N/A	
SUBMIT IN TRIPLICATE- Other instructions on reverse side. 1 Type of Well				7. If Unit or CA/Agreement, Name and/or No 35983 8. Well Name and No.	
1 Type of Well ☐ ☐ Gas Well ☐ ☐ Other					
Name of Operator BOLD ENERGY, LP 4 23.3545 >			3545 >	9 API Wo	
3a Address 3b Phone No (include at 415 W. Wall Street, Suite 500 Midland, TX 79701 3b Phone No (include at 432-686-1100)				30-025-38562	
4. Location of Well (Footage, Sec., T, R, M., or Survey Description)				10. Field and Pool, or Exploratory Area Bell Lake; Cherry Canyon	
1980' FSL & 660' FWL Unit Letter "L" / Section 5 - T24S - R34E				11 County or Parish, State Lea County, New Mexico	
TYPE OF SUBMISSION			PE OF ACTION		
	Acidıze	Deepen	Production (St	art/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete		✓ Other Completion and
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily A Water Disposal		fracture treatment
with 0.43" EHD and 120 lbs 16/30 CarboLite from recover = 1,677 bbls. ATF well back for 15 hours rec	deg phasing. 1/18/08: Pumped 1.0 to 6.0 ppa using 30 - 25# L P = 1,169 psi. APR = 28.2 bpm. covering 1015 bbls (61% of loa	rforated as follows: 8, fracture treatment via ightning fluid system. ISIP = 957 psi. 5 min 3 d), 1/19/08: Well dead	456' - 8,482' w/ 3-3/ casing as follows: 3 Last two sand stage SIP = 899 psi. 10 mi	8" casing gun; ,000 gals 7.5% s contained 15 n SIP = 893 p.	s using 22.7 gm charges at 3 spf 6 HCL acid followed by 133,630 5% FlexSand. Total load to
CA and prep to put well o	n pump. Wait on facility.	e to PC. I uu bk above			D FOR RECORD
14 I hereby certify that the fore Name (Printed/Typed)	egoing is true and correct	ì	111		1
Shannon L. Klie	er	Title O	perations Engineer	ing Manager	MAR 2 4 2008
Signature GLA			/\ .	108	3JCI NA CEMENT
	THIS SPACE FOR	FEDERAL OR S	TATE OFFICE	USEDEAL	J OF LAND MANAGEMENT RLSBAD FIELD OFFICE
Approved by Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant t	attached. Approval of this notice il or equitable title to those rights i o conduct operations thereon.	does not warrant or n the subject lease	ffice		MAR 3 1 200
Title 18 U.S.C Section 1001 and Titl States any false, fictitious or fraudu	le 43 U.S.C Section 1212, make it a lent statements or representations	crime for any person kr as to any matter within it	owingly and willfully spurisdiction.	to make to an	y department or agency of the United
(Instructions on page 2)		, nami 1	,		