O(D-HO-BB)

Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

RECEIVED FORM APPROVED OM B No 1004-0137 Expires March 31 2007

SUBMIT IN TRIPLICATE- Other	instructions on revers	e side.	If Unit or CA/Agreement, Name and/or No	
Name of Operator	- · · · · · · · · · · · · · · · · · · ·		8 Well Name and No	
Manhattan Petroleum, Inc.			Gulf Federal #5 9 API Well No	
a Address P.O. Box 35888, Tulsa, OK 74153-0888	3b Phone No (include ai 918-621-6533	rea code)	30-025-31469 Field and Pool, or Exploratory Area	
Location of Well (Footage, Sec., T., R., M., or Survey Description)	ption)	10	Sawyer San Andres	
O Sec 29-T9S-R38E 1980' FSL & 660' FEL			County or Pansh, State	
12. CHECK APPROPRIATE BOX(E	S) TO INDICATE NATURE	OF NOTICE. REPOR	T. OR OTHER DATA	
TYPE OF SUBMISSION		OF ACTION	ON OTHER DATA	
Notice of Intent Acidize Alter Casing	Deepen [Fracture Treat	Production (Start/Resume) Water Shut-Off Reclamation Well Integrity		
Subsequent Report Casing Repair	New Construction	Recomplete	Other Off-Lease	
Final Abandonment Notice Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily Abandon Gas Measurement Water Disposal		

testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection) Request for approval of off-lease measurement filed in response to BLM request. Economics associated with low production volume do not

following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once

justify cost of laying sales line directly to this property. Gas production from this well is approximately 35 mcf/day. Gas production from the Gulf Federal #5 is routed through on-lease check meter and transported via pipeline to sales point in Section 19-T9S-R38E. Gas is delivered to Versado Gas Processors, LLC at Sawyer Master Meter.

Map showing location of lease and facility is attached.

SEE ATTACHED FOR CONDITIONS OF APPROVAL

14 Thereby certify that the foregoing is true and correct Name (Printed/Typed)						
Connie Swan	Title Regulatory Administrator					
Signature (1 & wa	Date	12/13/2007				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved by		Title	Date JAN 23 2008			
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office /				
Title 18 USC Section 1001 and Title 43 USC Section 1212, make it a crime for a States any false, fictitious or fraudulent statements or representations as to any ma	ny person l	knowingly and willfully to make to an	y department or agency of the United			
(Instructions on page 2)		,				

