Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

1625 N. French Drive Hobbs, NM 88245

FORM APPROVED OMB No 1004-0137 Expires: July 31, 2010

	5	Lease	Serial	Nο
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SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an
abandoned well Use Form 2460 2 (ADD) 5

5. Lease Serial No.	NM-15019	
. If Indian, Allottee	or Tribe Name	_

Do not use this abandoned well.	form for proposals Use Form 3160-3 (A	6. If Indian, Allottee	or Tribe Name		
SUBM	IT IN TRIPLICATE - Othe	7 If Unit of CA/Agr	reement, Name and/or No.		
1. Type of Well		CONE FEDERAL	The state and of Ho.		
☐ Oil Well ☐ Gas V		8. Well Name and N CONE FEDERAL	0.		
2. Name of Operator CANO PETRO OF NEW MEXICO,	INC.			9. API Well No.	
3a. Address 801 CHERRY STREET, UNIT 25 SUITE 3200 FORT WORTH, TEXAS	3b. Phone No. (include area of 817-698-0900	code)	10. Field and Pool or TOMAHAWK SAN	Exploratory Area	
4. Location of Well (Footage, Sec., T., C-3-075-3	R.,M., or Survey Description	11. Country or Parish	Roosevelt		
12. CHEC	CK THE APPROPRIATE BO	OX(ES) TO INDICATE NATU	RE OF NOTIC	E, REPORT OR OTH	HER DATA
TYPE OF SUBMISSION TYPE OF ACTI					
Notice of Intent	Acidize Alter Casing Casing Repair	Deepen Fracture Treat	Produ	action (Start/Resume)	Water Shut-Off Well Integrity
Subsequent Report Final Abandonment Notice	Change Plans Convert to Injection		Тетр	nplete orarily Abandon Disposal	Other
Attach the Bond under which the w	ork will be performed or proed operations. If the operation Abandonment Notices must be	vide the Bond No. on file with	ed starting date d measured and BLM/BIA. Re	e of any proposed wor d true vertical depths of equired subsequent rep	ports must be filed within 30 days
RUN TUBING & RODS. RETURNE	D TO PRODUCTION.				

FEGEIVEU

MAY 1.5 2008

Accepted For Record Only! Approval Subject To Returning Well To Continuous Production And Keeping Well On Continuous Production Or Plugging Well With An Approved Plugging Program!

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14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) CINDY CHAVEZ	
	Title REGUALORTY COORDINATOR
Signature Will Charles 1	Date 1-7-08
	RAL OR STATE OFFICE USE
/\$/ DAVID R. GLASS DISTR	ICT SUPERVISOR/GENERAL MANAGER
Conditions of approval, if any, are structed. Approval of this notice does not warrant or cert that the applicant holds legal or equitable title to those rights in the subject lease which woul entitle the applicant to conduct operations thereon.	Date
Title 18 U.S.C. Section 1001 and Wittel 3 R.S.G. Section 1212, make it a crime for any persifictations or fraudulent statements or representatives and matter within its jurisdiction	OCD requires the Operator to complete a 24 hours production test y false,
(Instructions on page 2)	and submit on form C-104 Request for Allowable before producting this well. Accompanied by Subsequent report on C-103with dates and what was done, perfs producing from, along with tubing size and depth.