

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

New Mexico Oil Conservation Division, District 1
1625 N. French Drive
Hobbs, NM 88240

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

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.

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

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
CANO PETRO OF NEW MEXICO, INC.

3a. Address
801 CHERRY STREET, UNIT 25 SUITE 3200
FORT WORTH, TEXAS

3b. Phone No. (include area code)
817-698-0900

7. If Unit of CA/Agreement, Name and/or No.
CONE FEDERAL

8. Well Name and No.
CONE FEDERAL 10

9. API Well No. **30-041-20486**

10. Field and Pool or Exploratory Area
TOMAHAWK SAN ANDRES

11. Country or Parish, State
~~CHAVES~~ - **Roosevelt**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FSL & 1901 FWL N-30-07S-32E

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other SWAB
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

SWAB TEST TO EVALUATE WELL.

SWAB ON 1/26/08 made 2 bbls in 4 hrs

SWAB ON 1/27/08 made 1 bbls in 4 hrs.

RECEIVED

MAY 15 2008

HOBBS OCD

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!

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)
CINDY CHAVEZ

Title REGALORTY COORDINATOR

Signature

Date

2/11/08

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

DAVID R. GLASS

OC DISTRICT SUPERVISOR/GENERAL MANAGER

Title

Date

Office

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.

Title 18 U.S.C. Section 1001 and Title 18 U.S.C. Section 1212, make it a crime for any person to knowingly and willfully make any false, fictitious or fraudulent statements or representations or to knowingly use any false, fictitious or fraudulent statements or representations in any matter within its jurisdiction.

(Instructions on page 2)

Conditions of Approval:

OCD requires the Operator to complete a 24 hours production test and submit on form C-104 Request for Allowable before producing this well. Accompanied by Subsequent report on C-103 with dates and what was done, perfs producing from, along with tubing size and depth

as any false,