Form 3160-5 (August 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR OCD-HOBBS

**BUREAU OF LAND MANAGEMENT** 

5. Lease Serial No. LC-060941

6. If Indian, Allottee or Tribe Name

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.							
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agree	ment, Name and/or No.	
1. Type of Well							
Oil Well Gas Well Other					8. Well Name and No. FEDERAL "A" #2		
2. Name of Operator TORA OIL & GAS, LLC					9. API Well No. 30-025-11587		
3a. Address C/O OIL REPORTS & GAS SERVICES, INC.  3b. Phone No. (include area code)					10. Field and Pool or Exploratory Area		
1008 W BROADWAY, HOBBS, NM 88240		575-393-2	727		LANGLIE MATTIX		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 430' FNL & 2310' FEL, SEC 14', T25S, R37E / R					11. Country or Parish, S LEA CO., NM	State	
17.47.	E APPROPRIATE BO	X(ES) TO I	NDICATE NATURE	OF NOTICE	CE, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION				PE OF ACT			
					uction (Start/Resume) Water Shut-Off		
Notice of Intent	Alter Casing		acture Treat		emation	Well Integrity	
	Casing Repair	=	ew Construction	$\equiv$	mplete		
Subsequent Report	Change Plans	=	ug and Abandon	_	oorarily Abandon	OPERATOR	
Final Abandonment Notice	Convert to Injection	_	ug Back	_	r Disposal		
testing has been completed. Final Aband determined that the site is ready for final is AS REQUIRED BY 43 CFR 3100.05 (A) A TORA OIL & GAS, LLC, AS OPERATOR, OPERATIONS CONDUCTED ON THE LEBOND COVERAGE: \$25,000.00 STATEV BOND NUMBER: RLB0008450  EFFECTIVE DATE: JANUARY 1, 2008	inspection.) NND 43 CFR 3162.3 ACCEPTS ALL APF EASE OR PORTION	WE ARE NO PLICABLE 1 OF THE LESS NO	OTIFYING YOU OF TERMS, CONDITION EASE DESCRIBED 259589 25209 240	F A CHANO DNS, STIPO THEREOI	GE OF OPERATOR N JLATIONS AND RES F.	AME ON THE ABOVE	LEACE
14. I hereby certify that the foregoing is true and	correct. Name (Printed	/Typed)					
GAYE,HEARD			Title AGENT		/ Apn	DOLL	
Signature Day Glear	d		Date 03/11/200	08 /	AIP	MUVED	7
	THIS SPACE	OR FED	ERAL OR STA	TE OFF	ICE USE MAR	2 0 2000	$\exists =$
Approved by						20171	+-
Conditions of approval, if any, are attached. Appropriate the applicant holds legal or equitable title to the applicant to conduct operations thereon.	ose rights in the subject	lease which	would Office		BURFAU OF LAN CARLSBAD FI	D MANAGEMENT ELD OFFICE	
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. S fictitious or fraudulent statements or representatio	Section 1212, make it a cons as to any matter with	rime for any	person knowingly and	d willfully to	make to any department of	or agency of the United State	s any false,