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Dec-15-05 01:32pm	From-United States Dept Of Interior B	LM Ros 1 505 627 0276	T-097 P.001/002 F-609
RH EI			
Runniche NOV 17	COOCHERTED OT ATES	N.M. Oil Cons Dr	I FORM APPROVED
Form 3160-5 (September 2001) NOV 13	2008UNITED STATES DEPARTMENT OF THE INTERIOR	1625 N. Fr 白海市	
incom	BUREAU OF LAND MANAGEMENT	HODDS, NN and A	5. Lease Serial No.
Do not use this form for proposals to drill or to re-enter an			6. If Indian, Allottee or Tribe Name
abandoned we	ell. Use Form 3160-3 (APD) for such	proposals.	
SUBMIT IN TRIPLICATE - Other instructions on reverse side			7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well			8. Well Name and No.
2. Name of Operator			8. Well Name and No. #7
TODN R. STEARNS			9. API Well No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Tom-Tom SAN Andres 11. County or Parish, State
ul J - 1980' FEL - 2173' FSL			
Sec. 26 - T7:			Chaues, N.M. J
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	· · · · · · · · · · · · · · · · · · ·	TYPE OF ACTION	
	Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Treat Reclamation		
Notice of Intent	Image: Alter Casing Image: Fracture Treat Image: Reclamation Image: Well Integrity   Image: Casing Repair Image: New Construction Image: Recomplete Image: Other		
U Sybsequent Report	Change Plans Dig and Abandon Temporarily Abandon		
Final Abandonment Notice Convert to Injection Plug Back 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.			
Attach the Bond under which the following completion of the inv testing has been completed. Fit	olved operations. If the operation results in a mana Abandonment Notices shall be filed only at	nultiple completion or recompletion in ter all requirements, including-reclar	e vertical depths of all pertinent markers and zones. ed subsequent reports shall be filed within 30 days in a new interval, a Form 3160-4 shall be filed once mation, have been completed, and the operator has the ing to production.
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	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. 1 hereby certify that the foregoin	g is true and correct		
Name (Princed/Typed) John R. St	CARNSS	Jide OWNER	
		Date 10-27-05	
Signature Ann K.	Vicinio		
ACCEPTED	OR RECIOR SPACE FOR FEDER		
Approved by /S/ DAV	DR. GLASS	Title	Date
Conditions of approval, if any are a certify that the applicant holds legal	usched) Approval of this notice does not wan to cautimble tille to those rights in the subject onduct operations thereon.		<u>د</u>
Title 18 U.S.C. Section 1000 and []ile 4731.S.C.Section 1212, nake it a crime for any person knowingly and willfully to make to any department or agency of the United Sintes any false, fictions of Labourious of Labourious as to any matter within its jurisdiction.			
(Instructions on reverse)			
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