|   | <b>New Mexic</b><br>UNITED STATE <b>S</b><br>PARTMENT OF THE INTE<br>EAU OF LAND MANAGE |  | ch Drive  | F C   | FORM APPROVED<br>DMB No. 1004-0137<br>xpires: July 31, 2010 |  |
|---|---|--|---|---|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>Do not use this form for proposals to drill or to re-enter an<br>abandoned well. Use Form 3160-3 (APD) for such proposals. |   |  |   | 6. If Indian, Allottee or Tribe Name<br>N/A                         |   |  |
| SUBMIT IN TRIPLICATE – Other instructions on page 2.  |   |  |   | 7. If Unit of CA/Agreement, Name and/or No.<br>CATO SAN ANDRES UNIT |   |  |
| Oil Well 🗹 Gas Well 🗌 Other   |   |  |   | 8. Well Name and No<br>CSAU 158                                     | . /   |  |
| 2. Name of Operator<br>CANO PETRO OF NEW MEXICO, INC.   |   |  |   | 9. API Well No.<br>30-005-20153                                     |   |  |
| 3a. Address<br>801 CHERRY STREET UNIT 25 SUITE 3200<br>FORT WORHT, TEXAS 76102  | Phone No. <i>(include area co</i><br>698-0900   | de)  | 10. Field and Pool or Exploratory Area<br>CATO;SAN ANDRES |   |   |  |
| 4. Location of Well (Footage, Sec., T.,<br>Unit Letter I, 1980 feet FSL and 660 feet FEL, S   | •   | /  | 11 Country or Parish, State<br>CHAVES, TEXAS              |   |   |  |
|   | CK THE APPROPRIATE BOX(ES   | ) TO INDICATE NATUR                              | E OF NOTIC  |   | FR DATA   |  |
| 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTIO<br>TYPE OF SUBMISSION TYPE OF ACT   |   |  |   |   |   |  |
| Notice of Intent  | Acidize   | Deepen<br>Fracture Treat                         | Produ   | ction (Start/Resume)<br>mation                                      | Water Shut-Off  |  |
| Subsequent Report   | Casing Repair   | New Construction Plug and Abandon                | _   | nplete<br>orarily Abandon   | Other   |  |
| Final Abandonment Notice  | Convert to Injection  | Plug Back  | Water   | Disposal  |   |  |
| testing has been completed. Final<br>determined that the site is ready for<br>HOOKED UP WELL INTO GAS SY<br>Bond #B003422   | mar inspection.)  |  |   | RE()<br>No  | ENNED<br>V 2 1 2008<br>BS ( M ))                            |  |
| 14. I hereby certify that the foregoing is tri<br>Shana McNeal  | ue and correct. Name (Printed/Typed   | ame (Printed/Typed) Title Production Assistant I |   |   |   |  |
| Signature   | Date 10/17/20   | Date 10/17/2008                                  |   |   |   |  |
|   | DE THIS SPACE FOR   | FEDERAL OR STA                                   |   | CEUSE   |   |  |
| Approved by /S/DAV  | DR GLASS  |  |   |   |   |  |
| Conditions of approval, if any are attacked,<br>that the applicant holds legal or equitable tit<br>entitle the applicant to conduct operations th                 | Approval of this notice does not war<br>to those rights in the subject lease v          | Tant or certify<br>vhich would Office            | K   | Di  | ate   |  |
| Title 18 U S.C. Section 1005 and Title 43<br>fictitious or fraudulent statements or represe<br>(Instructions on page 2)   |   | or ány person knowingly and                      | l willfully to n  | nake to any department  | or agency of the United States any false,                   |  |
| (Instructions on page 2)  |   |  |   |   |   |  |