Form 3160-5

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F	vnires	M	arch	31	200

(February 2005) DEP	ANTIMENT OF THE IN	TERIOR GEMENT	OCO H	Expired No Service Service No Service Service No Servic	res March 31, 2007	
SUNDRY N Do not use this for	OTICES AND REPOR orm for proposals to Use Form 3160-3 (API	TS ON WELLS drill or to re-enter	an	6 If Indian. Allottee or	Tribe Name	
SUBMIT	IN TRIPLICATE - Other in:		i ·	7 If Unit of CA/Agreen	nent, Name and/or No.	,
Type of Well Oil Well Gas W		ater Inject Well	tion.		s-B-Fed NCT 1	#0
Name of Operator COPERATING, INC.				9. API Well No. 30-0シ5~	12060 /	
Sa Address O BOX 50820 MDLAND, TX 79710	4	Phone No (include area 32-683-2950	code)	10. Field and Pool or Ex Phodes; U	Ites - Seven Tiv	٧) و در
Location of Well (Footage, Sec. T., 1980 FNL, 660 F	R.M., or Survey Description) FL T', Sec 27, T=	SE 4/NE4 21.5 R37E /	VMPM.	11 Country or Parish, S LEA COUNTY, NEW	,	
12 CHEC	CK THE APPROPRIATE BOX			E, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION			TYPE OF ACT	ION		
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Recla	uction (Start/Resume)	Water Shut-Off Well Integrity Other CHANGE OF	r
Subsequent Report Final Abandonment Notice	Casing Repair Change Plans Convert to Injection	New Construction Plug and Abandon Plug Back	Temp	implete porarily Abandon er Disposal	OPERATOR	
3 Describe Proposed or Completed Op the proposal is to deepen directions Attach the Bond under which the v following completion of the involv testing has been completed. Final determined that the site is ready for	ally or recomplete horizontally, work will be performed or provi ed operations If the operation Abandonment Notices must be	, give subsurface locations and the Bond No on file was results in a multiple complete.	and measured ar th BLM/BIA R letion or recomp	nd true vertical depths of Required subsequent repo Netion in a new interval,	all pertinent markers and zones orts must be filed within 30 days a Form 3160-4 must be filed on	s ice

CHANGE OF OPERATOR EFFECTIVE 8-1-07 FROM SMITH & MARRS, INC.

RECEIVED

JAN 06 7009

HOBBSOCD

14 I hereby certify that the foregoing is true and correct Name (PrintedTyped) MICHAEL BLACK	Title PRESIDENT
Signature Mullion	Date 73J APPROVED
THIS SPACE FOR FEDE	RAL OR STATE OFFICE USE
Approved by	DE(Date 0 2008
Conditions of approval, if any, are attached. Approval of this notice does not warrant or ce that the applicant holds legal or equitable title to those rights in the subject lease which wo entitle the applicant to conduct operations thereon.	Office BURFAH OF TANDA
	rson knowingly and willfully to make to any department of agency of the United States any false
(Instructions on page 2)	