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HOBBSSOCD

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED  
OMB No 1004-0137  
Expires March 31, 2007

**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 reverse side.**

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator **LouRay Oil Company**

3a Address  
**P.O. Box 2081, Lovington, NM 88260**

3b Phone No. (include area code)  
**575-681-3387**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**610' FSL & 1880' FWL, Sec.25, Twp 19-S, Rng 34-E, NMPM**

5. Lease Serial No.  
**NM-086**

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No  
**Government 'E' Well No.1**

9. API Well No.  
**30-025-23708**

10. Field and Pool, or Exploratory Area  
**Lea Bone Spring**

11. County or Parish, State  
**Lea County, New Mexico**

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 <b>Pit Closure</b>
	<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 recompleat 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**Filed NMOCD form C-144 with closure plan.**

**All workover pit contents will be excavated along with the liner and disposed of at Controlled Recovery Inc., (CRI) approved waste disposal facility in Lea County, NM.**

**Site below and adjacent to pit will be delineated using 5-point, composite and grab samples from any area that is wet or discolored.**

**Soil samples will be analyzed for BTEX, TPH, GRO/DRO combined fraction and chlorides to demonstrate that area is remediated to levels authorized by NMOCD 19.15.17.13.**

**Excavated area will be backfilled and compacted with clean caliche.**

**Operator will seek exception to soil backfill and cover design as well as re-vegetation due to the small footprint of the pit and the fact that the excavated area will still be part of a viable oil & gas operation, e.g., a salt water disposal facility. The operator proposes to match the surface with the surrounding caliche facility site until such time that the facility is decommissioned. At that time, BLM recommended reclamation and re-vegetation procedures and protocols will be followed.**

*\*Subject to like approval from state*

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

**Ben Stone**

Signature

Title **SOS Consulting, LLC, agent for LouRay Oil Company**

Date

**5.27.09**

APPROVED

JUN 3 2009

JAMES A. AMOS  
SUPERVISOR

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by **JARL**

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

Date **05/27/2009**

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)