Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED
_OM B No 1004-0137
Expires March 31, 2007

BUREAU OF LAND MANAGEMENT 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 Oll Well Of Gas Well Other 2. Name of Operator HERMAN L. LOEB, LLC 3a Address P.O. BOX 524, LAWRENCEVILLE, IL 62439 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			5. Lease Serial N LC-052956 6. If Indian, A 7 If Unit or CA 8 Well Name WELLS B 9. API Well I 30-025-11 10. Field and P JALMAT	A/Agreement, Name and/or No. A/Agre
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, R			11. County or Parish, State LEA COUNTY, NM	
TYPE OF SUBMISSION		E OF ACTION		THE DATA
Acidize Alter Casing Casing Repair Change Plans Convert to Injection 13. Describe Proposed or Completed Operation (clearly state all If the proposal is to deepen directionally or recomplete horize Attach the Bond under which the work will be performed or following completion of the involved operations. If the operation has been completed. Final Abandonment Notices shadetermined that the site is ready for final inspection.) EFFECTIVE	Deepen Fracture Treat New Construction Plug and Abandon Plug Back pertinent details, including estire ontally, give subsurface location provide the Bond No on file watton results in a multiple compall be filed only after all requirer EB WILL TRANSFER OPIERTIFIES THAT IT IS AU	Production (Sta Reclamation Recomplete Temporarily Ab Water Disposal mated starting date of ar as and measured and truvith BLM/BIA. Require letion or recompletion iments, including reclams	andon y proposed work are vertical depths or an ew interval, a ation, have been contained to the contained	f all pertinent markers and zones, orts shall be filed within 30 days Form 3160-4 shall be filed once ompleted, and the operator has ERENCED WELL TO A
BOND COVERAGE PURSUANT TO 43CFR3104 THEIR BLM BOND #	· ley Diane (RECEIVED JUN 15 2009 HOBBSOCD
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed) EMAN L. Loeb by Diane beeby Signature Hermon & Leeb by Dian THIS SPACE FO	e Sebont, Port Title DR FEDERAL OR S	Member 2/12/9 TATE OFFICE	b9 USE	APPROVED
Approved by Conditions of approval, if any, are attached. Approval of this not certify that the applicant holds legal or equitable title to those rigwhich would entitle the applicant to conduct operations thereon Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, mak States any false, fictitious or fraudulent statements or representations.			CAMISE to make to any de	PAND MANAGEMENT epartment or agency of the United