Form 3160-5 (April 2004)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OPERATOR'S COBYLease Serial No.

S, E, FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

SUNDRY NOTICES			REC'D/MIDLAN	NMLUU3U143B 6. If Indian, Allott	an an Triba Nama	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. JUL 3 () 2009				1		
SUBMIT IN TRIPLICATE - Other instructions on reverse side  1. Type of Well Oil Well Gas Well X Other Injection 2. Name of Operator				7. If Unit or CA/Agreement, Name and/or No NM70948B  8. Well Name and No. Eunice Monument 918 South Unit B		
4. Location of Well (Footage, Sec., T., R., M., or Survey of Unit Ltr. M, Section 23, T-20S, R-3 660' FSL & 660' FWL	102 020 0710		Eunice Monument; Grayburg San Andres 11. County or Parish, State			
12. CHECK APPROPRIATE	BOX(ES) TO IND	ICATE NATURE OF	NOTICE, REP	<u>ILea</u> ORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production Reclamatio	ı (Start/Resume)	Water Shut-Off Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplet		_	pair
Final Abandonment Notice	Change Plans  Convert to Injection	Plug and Abandon  Plug Back	Temporari Water Disp	·	njector	
3. Describe Proposed or Completed Operation (clearl If the proposal is to deepen directionally or recomp Attach the Bond under which the work will be perfollowing completion of the involved operations. It testing has been completed. Final Abandonment I determined that the final site is ready for final insperior MIT Chart ran on 6-11-09 - Chart 6/11/09 - Performed MIT. Pressure Mark Whitaker was preserved.	plete horizontally, give surformed or provide the E If the operation results in Notices shall be filed onl ction.)  Attached  ed up on well to	bsurface locations and me ond No. on file with BLI a multiple completion or y after all requirements, i	easured and true ver M/BIA. Required s recompletion in a r ncluding reclamation	rtical depths of all plubsequent reports s new interval, a Forn on, have been comp	ertinent markers an shall be filed within a 3160-4 shall be fi leted, and the oper	nd zones. 30 days iled once rator has
Repair leak prior to returning well to injection. Retest well. Notify This office to witness test. Work to be done within 30 days or by 8/27/09  SUBJECT TO LIKE			/s	JUL 2 - Whitlo	IACERETALT	
APPROVAL BY STATE  14. I hereby certify that the foregoing is true and correct		Title	CAP	RLSBAD FIELD O	FFICE	
Name (Printed/Typed) Kryisty Ward		,	atory Analys	t		
Thusty Ward		Date 07/14/0	<del></del>		,	`
	S SPACE FOR FED	ERAL OR STATE O	<del> </del>		TA 1 4 000	70
Approved by  Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the state of the applicant to conduct operations the applicant to conduct the applicant the applicant to conduct the applicant to conduct the applicant the applicant the applicant to conduct the applicant the applicant to conduct the applicant the applicant the applicant	those rights in the subje	rrant or Office	T 1 SUPER	VISOF Diffel	16 , 500	JY ——
	<del></del>					

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes 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.