

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 page 2.		5. Lease Serial No. NM-14496
1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>SWD</u>		6. If Indian, Allottee or Tribe Name
2. Name of Operator Fasken Oil and Ranch, Ltd.		7. If Unit of CA/Agreement, Name and/or No.
3a. Address 303 West Wall St., Suite 1800, Midland, TX 79701		8. Well Name and No. Ling Federal No. 1
3b. Phone No. (include area code) 432-687-1777		9. API Well No. 30-025-28064
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 1980' FEL, Sec. 31, T19s, R34E <u>Unit G</u>		10. Field and Pool or Exploratory Area <u>Delaware Mountain Group</u> <u>SWD</u>
		11. Country or Parish, State <u>Lea, New Mexico</u>

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 <u>Report Injection start</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>date & Injection rate</u>
	<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 recomplate 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

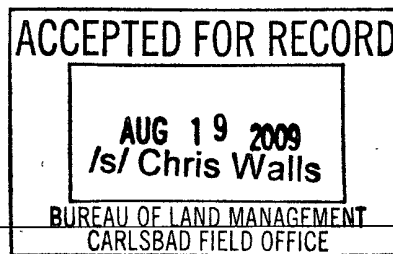
6-30-09 - 8-1-09 - Installed surface facilities.

8-4-09 - 8-6-09

Notified Mr. Maxi Brown w/ OCD @ 9:34 am of intent to rig up and work on well and of intent to perform H-5 Wednesday morning. RIW w/ 176-jts 2-7/8" EUE 8rd J-55 6.5# Poly Tubing @ 5653' w/ 1-5 1/2" X 2-7/8" 17# NP AS 1X 7K injection pkr @ 5649'. Tested casing and pkr to 550 psi for 30" with 30 psi loss. RDPU and cleaned location. Notified Mr. Maxi Brown w/ NMOCD @ 2:45 pm of intent to H-5 test well at 8:00 am 8-5-09. RU pump truck on tubing/casing annulus with tubing bleeder valve opened. Conduct MIT test on 5-1/2" x 2-7/8" annulus with 550 psi on chart recorder with 10 psi loss in 30 min and slowly bled down pressure, test witnessed and passed by Mr. John Robert Harrison w/ NMOCD @ 8:00 a.m. CMT on 8/5/09. See attached Chart. Removed lock and tag from injection pump power panel and turned well over to production department at 9:00 a.m.

Started injecting on 8-2-09. Currently injecting at a rate of 230 bbl/d @ 1300 psi.

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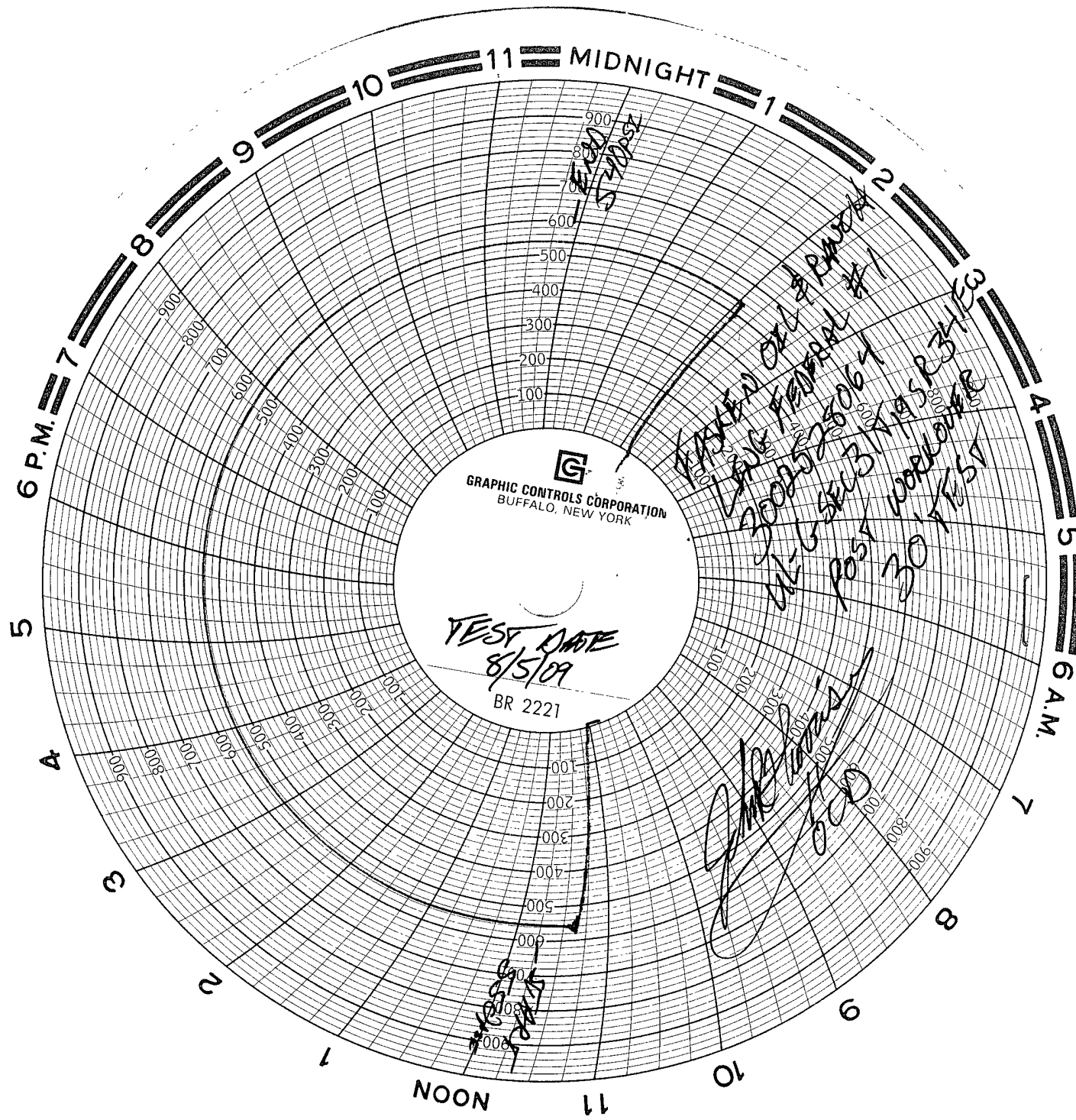


14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Kim Tyson	Title Regulatory Analyst
Signature <u>Kim Tyson</u>	Date 08/11/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by <u>[Signature]</u>	DISTRICT 1 SUPERVISOR	Date AUG 28 2009
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.		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



Bureau of Land Management
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Carlsbad Field Office
Carlsbad, N.M.