

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No 1004-0137
Expires July 31, 2010

RECEIVED
MAY 27 2010
HOBBSOCC

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.

5. Lease Serial No.
NMNM-0241

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☐ Oil Well

☒ Gas Well

☐ Other

2. Name of Operator
Herman Loeb LLC

3a. Address
PO Box 838
Lawrenceville, Ill 62439

3b. Phone No. (include area code)
618-943-2227 or 719-342-5600

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1,980' FSL, 660' FEL, Sec 35/24S/36E Unit letter I

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

8. Well Name and No.
Cities Service Federal #2

9. API Well No.
30-025-09692

10. Field and Pool or Exploratory Area
Jalmat (Tan, Yates, 7 Rivers)

11. Country or Parish, State
Lea

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 type="checkbox"/> Other
	<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 must 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 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.)

4/17/10 CO fill fr/3,008' to CIBP @ 3,020'. (Found CIBP @ 3,020' instead of previously indicated 3,050')

4/19/10 Spot 30 sks cmt mixed @ 14.8 ppg on CIBP @ 3,020'

4/20/10 Tagged cmt plug @ 2,717'. Press tested 5-1/2" csg ti 500 psi. Tstd OK. Spotted 33 bbl 9.5 ppg salt gel spacer @ 2,717'. Perforated 1,350'-1,351'.

4/21/10 Estb circ down 5-1/2" csg & up 5-1/2" csg annulus. Ppd 100 sks cmt mixed @ 14.8 ppg. Displ w/24 bbl fresh wtr.

4/22/10 Tagged cmt plug @ 1,000'. Loaded well bore w/26 bbl 9.5 ppg salt gel spacer. Perforated 50'-51'. Estb circ dwn 5-1/2" csg & up 5-1/2" csg annulus. Ppd 20 sks cmt mixed @ 14.8 ppg and had good cmt to surface in 5-1/2" csg annulus. SI Braden head. Ppd 30 sks cmt mixed @ 14.8 ppg into 8-5/8" csg annulus. Cut all csg off 6' below GL. Found cmt in 5-1/2" csg & in 5-1/2" csg annulus deeper than 30' below GL.

4/23/10 Topped off inside of 5-1/2" csg & 5-1/2" csg annulus w/50 sks cmt mixed @ 14.8 ppg. Cmt stood @ surface for 4 hrs. Capped well & installed dry hole marker.

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

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

Michael Polley

Title Agent for Herman Loeb LLC

Signature

Michael Polley

Date

5-10

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

ELG 6-1-10

Title

Office

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 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)

ACCEPTED FOR RECORD
MAY 18 2010
CARLSBAD FIELD OFFICE

COMPANY: Herman Loeb LLCWELL NAME: Cities Service
Fed. # 2COMPLETION, WORKOVER
ANDLEGAL: Sec 35/245/36E
Unit letter I

DRILLING SUPERVISION

API # 30-025-09692

PHONE: 719-846-3434

MOBILE: 719-342-5600

polleym@gmail.com

Subsequent WBD After P+A

VOL. BETWEEN PIPE & HOLE CAP.

	BBU/FT	FT/BBU	CF/LF
4 1/2 - 7 7/8	.0408	24.65	.2278
5 1/2 - 7 7/8	.0309	32.41	.1733
8 5/8 - 12 1/4	.0735	13.61	.4127
9 5/8 - 12 1/4	.0558	17.93	.3132
13 3/8 - 17 1/2	.1924	8.08	.6946

TUBING & CASING SIZE & CAP.

	WT	BBU/FT	FT/BBU
2 3/8	4.6	.0039	258.65
2 7/8	6.5	.0058	172.78
3 1/2	9.3	.0087	114.99
4 1/2	10.5	.0159	62.70
4 1/2	11.6	.0155	64.34
5 1/2	15.5	.0238	42.01
5 1/2	17.0	.0232	43.02
5 1/2	20.0	.0222	45.09
5 1/2	23.0	.0212	47.20
8 5/8	32.0	.0609	16.41
9 5/8	38.0	.0773	12.94

D.P. SIZE _____ TUBING SIZE: _____ CASING SIZE: _____

HOLE SIZE: _____ PERFS: _____

PACKER SETTING: _____ BP SETTING: _____ MAX RATE: _____

MAX PSI: _____ BHST: _____ FORM: _____ TAIL PIPE: _____

VOL. BETWEEN PIPE & PIPE CAP.

	WT	BBU/FT	FT/BBU	CF/LF
2 3/8 - 4 1/2	11.6	.0101	99.37	.0565
2 3/8 - 5 1/2	17.0	.0178	56.28	.0998
2 7/8 - 5 1/2	17.0	.0152	65.71	.0854
2 7/8 - 7	23.0	.0313	31.91	.1760

