

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

FORM APPROVED  
OMB No. 1004-0135  
Expires: November 30, 2000

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.

1625 N. French Dr.  
Hobbs, NM 88240

5. Lease Serial No.  
NM-98182  
6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other Instructions on reverse side**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

DOMINION OKLAHOMA TEXAS EXPLORATION & PRODUCTION, INC.

3a. Address 14000 Quails Springs Parkway,  
Suite 600, Oklahoma City, Ok 73134

3b. Phone No. (include area code)  
(405) 749-5263

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UL O, 660' FSL & 1980' FEL, Sec. 22-14S-30E

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

8. Well Name and No.

Rio "22" Federal Com #1

9. API Well No.

30-005-63465 21171

10. Field and Pool, or Exploratory Area

11. County or Parish, State

Chaves Co., NM

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

TYPE OF SUBMISSION

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

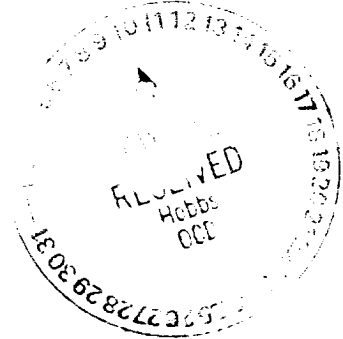
<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Spud Well & Set Casing.
<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 recompleate 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 recompleation 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.)

Spud well 4-20-02.

4-21-02 ran 13 3/8", 48# H-40 csg, set @ 442'. Cemented lead w/180 sx 35:65 Poz, Class C, circulated 65 sx to reserve pit. Float held. WOC 18 hrs., commenced drilling.

4-24-02 ran 9 5/8", 36# J-55 csg, set @ 2,803'. Cemented lead w/590 sx 50/50 Poz C, tailed w/250 sx C, circulated 114 sx to reserve pit. Float held. WOC 35 hrs., commenced drilling.



14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Carla Christian

Title Regulatory Specialist

Signature

Date 4/29/2002

ACCEPTED FOR RECORD  
THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(ORIG. SGD.) DAVID R. GLASS

Title

Date

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 48 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.



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