Do not us	UNITE STATE DEPARTMENT THE I BUREAU OF LAND MANA DRY NOTICES AND REPO e this form for proposals to d well. Use Form 3160-3 (API	NTERIOR N. GEMENT 16 RTS ON WELLS drill or to re-enter	$\mu$ us, ivivi uu	DrLease S	FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996 erial No. 63228 n, Allottee or Tribe Name	
SUBMIT IN	TRIPLICATE - Other instru	uctions on reverse	side	7. If Unit	or CA/Agreement, Name and/or No	
I. Type of Well  3. Oil Well  Gas Well  Other					ame and No.	
2. Name of Operator Echo Production, Inc.					Corsair Federal #2 9. API Well No.36312	
3a. Address PO Ecx 1210, Gra		3b. Phone No. (includ (940) 549-32				
4. Location of Well (Footage 660' FSL & 1980'				or Parish, State		
12 CHECK	APPROPRIATE BOX(ES) T	O INDICATE NATU	RE OF NOTICE, F	. I	County, NM R OTHER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION				
Notice of Intent	Acidize	<ul><li>Deepen</li><li>Fracture Treat</li></ul>	<ul><li>Production (Sta</li><li>Reclamation</li></ul>	rt/Resume)	<ul><li>Water Shut-Off</li><li>Well Integrity</li></ul>	
Subsequent Report	Casing Repair	<ul><li>New Construction</li><li>Plug and Abandon</li><li>Plug Back</li></ul>	<ul><li>Recomplete</li><li>Temporarily A</li><li>Water Disposal</li></ul>		Other Completion	
If the proposal is to deepe Attach the Bond under wh following completion of th testing has been complete determined that the site is	npleted Operation (clearly state all per n directionally or recomplete horizonta ich the work will be performed or pr ne involved operations. If the operation d. Final Abandonment Notices shall ready for final inspection.) Perf 8881-92' 2 SPF. swab test (not comme Set RBP @ 8684'. Per gal 10% and frac w/ Set pumping unit Test - not commercia Set RBP @ 8313' Perf gals & 44,500#. Testing perfs 8173-9	ally, give subsurface location ovide the Bond No. on file on results in a multiple con- be filed only after all requ Acdz w/ 500 ga rcial). f 8568-82', 851 35,000 gals & 1 1 8173-95' 2 SPF	ons and measured and t with BLM/BIA. Requ pletion or recompletion irements, including rec 11 15%, Frac v 0-22' & 8394- 05,500#.	v/14250 c	puts of all pertinent markers and a ont reports shall be filed within 30 rval, a Form 3160-4 shall be filed e been completed, and the operator gals & 28,500# and SPF, acdz w/ 2000	
<ol> <li>I hereby centify that the for Name (Primed/Typed)</li> </ol>	pregoing is true and correct	Title				

Name (Primed/Typed)	Inte			
Tom Golden	Operations 1	Operations Manager		
Signature	Date 5/29/			
ACCEPTED FOR REPACE FOR	FEDERAL OR STATE OFFICE	USE		
Approved by	Title	Date		
(ORIG. SGD.) DAVID R. GLASS Conditions of approval if any late analyzed Approval of this notice do certify that the applicant holds regal or equitable title to those rights in which would entitle the applicant to conduct operations thereon.	bes not warrant or Office the subject lease			
Title 18 U.S.C Section 100D Analos in acting for any person knowing fraudulent statements openessing the name matter within its jurisdic	y and willfully to make to any departm	ent or agency of the United States any false, fictitious or		
(Instructions or verse)				



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