Form 3160-5 (August 1999)

UNITED STATES N.M. Oil Cons. Division DEPARTMENT OF THE INTERIOR 25 N. French Dr

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

SUNDRY NOTICES AND REPORTS ON WESS NM 88240 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 reverse side 1. Type of Well Gas Well Other				07106274	5. Lease Serial No. 071062749B 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No. 8. Well Name and No. THOMPSON 19 FEDERAL #2	
				7. If Unit or (
				8. Well Nam		
QUAY VALLEY, INC.				9. API Well ?		
3a. Address P. O. BOX 10280 MIDLA		3b. Phone No. (Include area code) (915)687-4220) 2-E		260 - 1082bl		
4. Location of Well (Footage, Se 1980' FNL & 1980' FWL,	м. <u> </u>			10. Field and Pool, or Exploratory Area MASON DELAWARE, NORTH 11. County or Parish, State LEA COUNTY		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, F				NEW MEXICO		
12, CHECK A	PPROPRIATE BOX(ES) TO	O INDICATE NATU	RE OF NOTICE,	REPORT, OR	OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	Acidize After Casing	☐ Doepen ☐ Fracture Treat	Production (Sta	rt/ Resume)	Water Shut-Off Well Integrity	
Subsequent Report Final Abandonment Notice	Casing Repair Change Plans Convert to Injection	New Construction Plug and Abandon Plug Back	Recomplete Temporarily Al Water Disposal		_	
following completion of the involvesting has been completed. Final determined that the site is ready! Surface casing: 8-5/8" 24 Production csg: 5-1/2" 14 4" flushjoi Perforations: 4,303-4,	work will be performed or provide elved operations. If the operation rest I Ahandonment Notices shall be file for final inspection.)	the Bond No. on file with Fulls in a multiple completion only after all requirements, circulated SSO, SX, TOC @ 3,01	neasured and true vertices as a state of the	al depths of all pert beequent reports she ew interval, a Form , have been complet for SUIVEY	inent markers and zones. ill be filed within 30 days	
 POOH w/injection equi RIH w/tbg-set CIBP and Cut and pull 5-1/2" cas Pump 40 sx C cmt across Pump 50 sx C cmt 50' Pump 30 sx C cmt @ 7 Pump 10 sx C cmt 50' 	d sct @ 4,000'. Circulate ing based on stretch mea oss csg stub. TAG below surface casing sho 700'.	isurements, estimat	ted 1,500'.	of CIBP.		
14. I hereby certify that the foregoing Name (PrintedTyped) STELLA SWANSON, CPL		Title PRESII	DENT			
Signature	Culou	Date 11/28/2	000	1	A State of	

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

STELLA SWANSON, CPL

Date

11/28/2000

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

11/28/2000

Title

Optice

Optice

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

BYSTATE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any false, firstificuts or fraudulent statements or representations as to any matter within its jurisdiction.