

Form WIS-NOS  
(August 2007)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**NOTICE OF STAKING**

**Do not use this form for proposals to drill or to re-enter an abandoned well.  
Use Form 3160-3 (APD) for such proposals.**

**Bold\*** fields are required.

<b>Section 1 - Completed By Operator</b>	
<b>1. BLM Office*</b>	<b>2. Well Type*</b>
Operating Company Information	
<b>3. Company Name*</b>	
<b>4. Address*</b>	<b>5. Phone Number*</b>
Administrative Contact Information	
<b>6. Contact Name*</b>	<b>7. Title*</b>
<b>8. Address*</b>	<b>9. Phone Number*</b>
	10. Mobile Number
<b>11. E-mail*</b>	12. Fax Number
Technical Contact Information	
<input type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
<b>13. Contact Name*</b>	<b>14. Title*</b>
<b>15. Address*</b>	<b>16. Phone Number*</b>
	17. Mobile Number
<b>18. E-mail*</b>	19. Fax Number
Lease and Agreement	
<b>20. Lease Serial Number*</b>	
22. If Unit or CA/Agreement, Name and/or Number	<b>23. Field and Pool, or Exploratory Area*</b>

Well					
24. Well Name*		25. Well Number*		26. Proposed M.D.	
Surface Location					
27. Specify location using one of the following methods: a) State, County, Section, Township, Range, Qtr/Qtr, N/S Footage, E/W Footage b) State, County, Latitude, Longitude, Metes & Bounds description					
County or Parish, State*					
Section	Township	Range	Meridian		
Qtr/Qtr	Lot #	Tract #	N/S Footage	E/W Footage	
Latitude	Longitude	Metes and Bounds			
Formation Objectives					
28. Please provide at least one formation objective for this well.					
a.					
b.					
c.					
29. Additional Information Please provide any additional pertinent information.					

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I hereby certify that the foregoing is true and correct.

<b>30. Name*</b> _____	<b>31. Title</b> _____
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<b>32. Date*</b> (MM/DD/YYYY) Today	<b>33. Signature*</b> <i>You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.</i>
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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.

<b>Section 2 - System Receipt Confirmation</b>		
34. Transaction _____	35. Date Sent _____	36. Processing Office _____

<b>Section 3 - Internal Review #1 Status</b>		
37. Review Category _____	38. Date Completed _____	39. Reviewer Name _____
40. Comments		

<b>Section 4 - Internal Review #2 Status</b>		
41. Review Category _____	42. Date Completed _____	43. Reviewer Name _____
44. Comments		

<b>Section 5 - Internal Review #3 Status</b>		
45. Review Category _____	46. Date Completed _____	47. Reviewer Name _____
48. Comments		

<b>Section 6 - Internal Review #4 Status</b>		
49. Review Category _____	50. Date Completed _____	51. Reviewer Name _____

52. Comments
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<b>Section 7 - Final Approval Status</b>			
53. Disposition	54. Date Completed	55. Reviewer Name	56. Reviewer Title
57. Comments			