Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

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

Lease Serial No. NMSF079383

6	If Indian	A Hottee	or Tribe	Nome

	SUNDRY	NOTICES	AND REP	ORTS C	N WELLS
Do	not use th	is form for	proposals	to drill or	r to re-enter an

abandoned well. Use form 3160-3 (APD) for such proposals 14 15 75				6. If Indian, Allottee or Tribe Name	
PLICATE - Other instruct	none on regarde side.		7. If Unit or CA/Agre NMNM78420B	ement, Name and/or No.	
her	1° 01.		8. Well Name and No. SAN JUAN 30-6		
		4 2 16 de 18	9. API Well No. 30-039-27300-0	00-X1	
3401 EAST 30TH Ph: 505.326.97			10. Field and Pool, or BASIN FRUITL	Exploratory AND COAL	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T30N R7W SWSE 780FSL 1825FEL 36.76401 N Lat, 107.53690 W Lon			11. County or Parish, and State RIO ARRIBA COUNTY, NM		
ROPRIATE BOX(ES) TO	INDICATE NATURE OF 1	NOTICE, R	EPORT, OR OTHE	R DATA	
TYPE OF ACTION					
☐ Acidize	□ Deepen	☐ Produc	tion (Start/Resume)	☐ Water Shut-Off	
	☐ Fracture Treat	_		■ Well Integrity	
☐ Casing Repair	■ New Construction	☐ Recom	plete	Other	
☐ Change Plans	Plug and Abandon	□ Tempo	emporarily Abandon Change to Origina PD		
☐ Convert to Injection	Plug Back	☐ Water ?	Disposal		
	her Contact: Contact	her Contact: PEGGY COLE E-Mail: pcole@br-inc.com 3b. Phone No. (include area code Ph: 505.326.9727> Fx: 505.326.9781 C., R., M., or Survey Description) OFSL 1825FEL Lon ROPRIATE BOX(ES) TO INDICATE NATURE OF I Acidize Deepen Alter Casing Fracture Treat Casing Repair New Construction Change Plans Plug and Abandon	her Contact: PEGGY COLE E-Mail: pcole@bir-inc.com 3b. Phone No. (include area code) Ph: 505.326.9727 Fx: 505.326.9781 C., R., M., or Survey Description) OFSL 1825FEL V Lon ROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, R TYPE OF ACTION Acidize Deepen Product Alter Casing Fracture Treat Reclam Casing Repair New Construction Recom Change Plans Plug and Abandon Tempo	PLICATE - Other instructions on reverse side. 7. If Unit or CA/Agre NMNM78420B	

Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereor. If the proposal is to deepen directionally or recomplete 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 recompletion 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.)

It is intended to drill an additional 100' in the subject Fruitland Coal well into the main Pictured Cliffs formation to a depth of 3885'. It is anticipated the Pictured Cliffs is not productive in this wellbore.

14. I hereby certify that the	ne foregoing is true and correct. Electronic Submission #21727 verified For BURLINGTON RESOURCES O Committed to AFMSS for processing by Ch	&G CO	LP. sent to the Farmington	
Name (Printed/Typed)	PEGGY COLE	Title	REGULATORY ADMINISTRATOR	
Signature	(Electronic Submission)	Date	05/12/2003	
	THIS SPACE FOR FEDERA	L OR	STATE OFFICE USE	
_Approved_By_CHIP HARRADEN			EOLOGIST	Date 05/12/2003
Conditions of approval, if any, are attached. Approval of this notice does not warrant or partify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.			Farmington	
Title 18 U.S.C. Section 100 States any false, fictitious	l and Title 43 U.S.C. Section 1212, make it a crime for any pe or fraudulent statements or representations as to any matter w	rson kno	wingly and willfully to make to any department or ager urisdiction.	ncy of the United