Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No 1004-0135 Expires July 31, 1996

Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on reverse side Management Manageme	ıd/or No.
SUBMIT IN TRIPLICATE Other instructions on reverse side. Anagement NMNM-108295	nd/or No.
SUBMIT IN TRIPLICATE Other instructions on reverse side Namagement NMNM-108295 1. Type of Well	
1. Type of Well □ Oil Well	
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Oil Well X Gas Well Other 8. Well Name and No. Name of Operator Bisti DK 24 #1	
2. Name of Operator Bisti DK 24 #1	
DISH DIX 24 #1	
30-043-33303	
PO Box 156, Bloomfield, NM 87413 505-632-3476 x201 10. Field and Pool, or Exploratory Area	a
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Basin Dakota	
850' FNL X 1700' FEL 11. County or Parish, State	
"B" - Sec24-T25N-R11W San Juan County, NM	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION	
Notice of Intent Acidize Deepen Production (Start/Resume) Water Shut-Off	
Alter Casing Fracture Treat Reclamation Well Integrity	
X Subsequent Report Casing Repair New Construction Recomplete Other	
Change Plans Plug and Abandon Temporarily Abandon	
Final Abandonment Notice Convert to Injection Plug Back Water Disposal	
determined that the site is ready for final inspection.)	
The above well has been returned to production as of July 9, 2011. PEC DE CONS. DI PER DE	24 25 26 27 2011 2011 38 L 95 7
14. I hereby certify that the foregoing is true and correct	24 25 26 27 201 11 DIST. 3 20 68 L 95 70 68 L
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Title	24 25 26 27 2011 EIVED 2011 N. DIST 3 20 68 L 95 40
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Sharla Bemrose Title Administrative Specialist	24 25 26 27 2011 EIVED 2011 N. DIST. 3 20 68 L 95 70 68 L 95 70 68 L
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Title	24 25 26 27 2011 V. DIST. 3 CO. 68 L 95 70 10 10 10 10 10 10 10
14. I hereby certify that the foregoing is true and correct Name (Printed Typed) Sharla Bemrose Signature Date Title Administrative Specialist	24 25 26 22 26 25 26 25 26 25 26 25 26 25 26 25 26 25 26 25 26 25 26 25 26 25 26 25 26 25 26 26 26 26 26 26 26 26 26 26 26 26 26
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Sharla Bemrose Signature Date July 18, 2011	24 25 26 22 2011 EIVED 2011 N. DIST 3 26 B L 95 70 B L 9
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Sharla Bemrose Signature Date July 18, 2011 Title Approved by Title Date July 18, 2011 Title Date July 18, 2011 Date July 18, 2011	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Sharla Bernrose Signature Date July 18, 2011 Title Approved by Title Date Title Date Title 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 nebts in the subject lease.	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Sharla Bemrose Signature Date July 18, 2011 Title Approved by Title Date Title Date Date Date JUL 19	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Sharla Bemrose Signature Date July 18, 2011 Title Approved by Title Date Title Date Title Date Title Date Title Date FARMINGTON FIF FARMINGTON FIF THIS SPACE FOR FEDERAL OR STATE USE 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.	THECORI

(Instructions on reverse)