Form 3160-5 (September 2001)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

**BUREAU OF LAND MANAGEMENT** SUNDRY NOTICES AND REPORTS ON WELLS FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

<i>5</i> 7	Lease	Serial	N	(
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Do not use this form for proposals to drill or to re-enter an	/	JIC 147
abandoned well. Use Form 3160-3 (APD) for such proposals.		6. If Indian, Allettee or Tribe Name
• , ,	arn '	Jicarilla Apache
	onne SEP	I Jicarilla Apache

			and Str	Jicarilla Apa	iche	
SUBMIT IN TR	IPLICATE - Other instruc	ctions on rever	es elela	7. If Unit or C	CA/Agreement, Name and/or No.	
1. Type of Well  ☐ Oil Well ☐ Gas Well ☐	Other		070 F	RMINGTON 8. Well Name	*	
2. Name of Operator	_ omei			Jicarilla 147		
CDX Rio, LLC				9. API Well		
3a. Address		3b. Phone No. (inci	lude area code)	30-039-278		
2010 Afton Place, Farmington, N	IM 87401	505-326-3003		10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec.,		000 020 0000		Basin Dakota		
1950' FNL, 1950' FWL, Sec. 7, T	-25-N, R-5-W, NMPM			11. County or	·	
12 CHECK API	PROPRIATE BOX(ES) TO I	NDICATE NAT	TIRE OF NOTICE R	Rio Arriba,		
	ROTRETTE BOX(EB) TO I			LI OKI, OK	JIIER DATA	
TYPE OF SUBMISSION			TYPE OF ACTION			
	Acidize	Deepen	Production (Star	t/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
Subsequent Report	Casing Repair	New Construction	n Recomplete		Other	
Subsequent Report	Change Plans	Plug and Abando	n 🔲 Temporarily Ab	andon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
testing has been completed. Find determined that the site is ready for the Basin Determined that the Basin Determined the Basin Determined that the Basin Determined that the Basin Determined the Basin Determined that the Basin Determined the Basin Determined that the Basin Determined that the Basin Determined the Basin Determined that the Basin Determined the Basin De	•	iled only after all req	uirements, including recla	mation, have bee	n completed, and the operator has	
14. I hereby certify that the foregoing Name (PrintedlTyped)	g is true and correct				TO DECORE	
Enid Grubb	AN 10	Title I	Production Accounting S	pecAGCEP	TED FOR RECORD	
Signature		Date o	September 2, 2005	S	EP 2 3 2005	
	THIS SPACE FO	R FEDERAL OR	STATE OFFICE USE	EAGLUM	HONDISTRICT OFFICE	
Approved by (Signature)			Name (Printed/Typed)	BYTi	tle /	
Conditions of approval, if any, are a certify that the applicant holds lega which would entitle the applicant to c	I or equitable title to those rights i	does not warrant or in the subject lease	Office		Date	

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.