Form 3160-5 (September 2001)

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

FORM APPROVED
OMB No. 1004-0135
Expires: January 31, 2004

- 11	٥.	Lease	Serial	No
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SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

NMSF-079968
6 If Indian, Allottee or Tribe Name

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SUBMIT IN TR	PLICATE - Other Instruc	ctions on	reverse sid	203 JAN 22	PH If Unison	CA/Agr	eement, Name and/or No.	
1. Type of Well				070 Formina	too NINA			
1. Type of Well						8. Well Name and No.		
2. Name of Operator			1000	235.	WF Federa	1 5 #3		
Richardson Operating Company				9. API Well No.				
Ba. Address	3b. Phone No. (include, grea code)			30-045-29852				
3100 La Plata Highway Farmington, NM 87401		505-564-3100			10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)		(A)			Twin Mounds PC			
975' FSL & 1855' FEL					11. County of	or Parish	, State	
Sec. 5, T29N, R14W NMPM		. (6	<u> </u>	San Juan, NM				
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE	NATURE	of notice, r	EPORT, OR	OTHE	ER DATA	
TYPE OF SUBMISSION			TYPE	OF ACTION				
	Acidize [Deepen		Production (Start	t/Resume)	☐ Wa	nter Shut-Off	
Notice of Intent	Alter Casing	Fracture 7	reat [Reclamation		☐ We	Il Integrity	
Subsequent Report	Casing Repair	New Cons	truction	Recomplete		Otl	her	
	Change Plans	Plug and A	Abandon [Temporarily Ab	andon			
Final Abandonment Notice	Convert to Injection	Plug Back	<u> </u>	Water Disposal				
This well produces water from the The produced water is transported Richardson Operating Company & Dog #2 (WDW-NW/SE Sec. 5, Topies of the NMOCD Injection	d by pipeline to a Richardson O operates two active salt water d 29N, R14W).	perating Con	npany dispose	al well. Salty Dog #1 (WD)			29N, R15W) and Salty	
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•				APR :	2 4 2003		•	
				, in	√	WE.		
14. 1 hereby certify that the foregoin	ng is true and correct		i					
Name (PrintedlTyped) Drew Carnes			Title Operat	ions Manager				
Diew Carles			Operat	ions Manager				
Signature			Date 01/22/	03				
	THIS SPACE FO	OR FEDER	AL OR STA	TE OFFICE USE				
Approved by (Signature)			Name (Printed/Typed) Title					
Conditions of approval, if any, are certify that the applicant holds leg	attached. Approval of this notice al or equitable title to those right	does not was s in the subject	rant or Office	e			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.