Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

NMNM024158

6. If Indian, Allottee or Tribe Name

abandoned well. Use Fort	11 3160-3 (APD) for \$	ALL CI. H	M 11 43	\$		
SUBMIT IN TRIPLICATE - Other instructions on reverse side EIVED				7. If Unit or CA/Agreement, Name and/or No		
. Type of Well O70 FARMINGTON HIM O70 FARMINGTON HIM				8. Well Name and No. RF McKENZIE B #1E		
Name of Operator						
a Address	b. Phone No. (include ar	Phone No. (include area code)		9. API Well No.		
2700 Farmington Ave., Bldg. K. Ste 1 Farmington,		•	505-324-1090		30-045-33181 10. Field and Pool, or Exploratory Area	
Location of Well (Footage, Sec., T., R., M., or Survey				BASIN DAKOTZ	•	
1860' FNL & 840' FWL SEC 9E-T30N-	R12W					
				11. County or Parish, State		
40 OUEOK ARREGERIATE	DOV(EQ) TO INDI	NATE MATURE OF	NOTICE DE	SAN JUAN	NM NM	
12. CHECK APPROPRIATE	BOX(ES) TO INDIC					
TYPE OF SUBMISSION		TY	PE OF ACTION	J		
Notice of Intent	Acidize	Deepen	Productio	on (Start/Resume)	Water Shut-Off	
(==)	Alter Casing	Fracture Treat	Reclamat	ion	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomple	· -	=	
	Change Plans	Plug and Abandon		rily Abandon	TAND TUBIN	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Di	· -		
Describe Proposed or Completed Operation (clear If the proposal is to deepen directionally or recom	ly state all pertinent details	including estimated start	ing date of any pr	roposed work and appropriate	oproximate duration there	
Attach the Bond under which the work will be perfollowing completion of the involved operations. testing has been completed. Final Abandonment determined that the final site is ready for final inspection. The previously requestions are larger in size than 3-1/2 tubing on this well and is no longer than the size than and the size than th	If the operation results in a Notices shall be filed only oction.) Sted exception to "OD be tubed. The	multiple completion or after all requirements, in Rule 19.15.3.107 is report is to	recompletion in a cluding reclamate (J2) requinctify that	new interval, a Formion, have been comparing all well: XTO has inst	n 3160-4 shall be filed on oleted, and the operator h .s equipped with alled the	
 I hereby certify that the foregoing is true and correct Name (Printed/Typed) 		Title				
LORRI D. BINGHAM		REGUL	ATORY COMPL	LANCE TECH		
Torri Managan		Date 9/19/06		ACCEP		
	S SPACE FOR FEDE			PRESENTE ST	Depres II ADAR DEPO A CR	
Approved by		Title		DS.	? 2 2006	
Conditions of approval, if any, are attached. Approval	of this notice does not war	rant or Office		SACHEN		
				A. O. St. charter for	THE PARTY OF THE P	
certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations to		t lease		47 M	Sm	