Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

BUREAU OF LAND MANAGEMENT

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 prophers. 2001

SUBMIT IN TRIPLICATE - Other instructions on reverse side

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

5.	Lease Serial No.
	TIT 105
	770100

6. If Indian, Allottee or Tribe Name

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7. If Unit or CA/Agreement, Name and/or No.

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1. Type of Well Gas Well	Other			8. Well Name and No.	<i>*</i>			
2. Name of Operator Prood	uction Com	pany Attn	Rhanda	9. API Well No.	70x 1557			
3a. Address	farmingen,	3b. Phone No. (included 5005 - 32.00	e area code)	30039225 10. Field and Pool, or Exploratory	570 Area			
4. Location of Well (Footage, Sec.			1001	10V 20 1 101	anca Anca			
OW/NW Sec 30				11. County or Parish, State	UM_			
12. CHECK AP	PROPRIATE BOX(ES) T	O INDICATE NATU	RE OF NOTICE, R	EPORT, OR OTHER DATA				
TYPE OF SUBMISSION	·	TY	PE OF ACTION	· · · · · · · · · · · · · · · · · · ·				
Notice of Intent Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (Start Reclamation Recomplete Temporarily Ab Water Disposal	Well Integrity Other				
Attach the Bond under which the following completion of the invitesting has been completed. Find determined that the site is ready Subject wo Acritem	ectionally or recomplete horizontale work will be performed or prolived operations. If the operational Abandonment Notices shall for final inspection.) EQUID DOCUMENT OF AS	ally, give subsurface location ovide the Bond No. on file ovide the Bond No. on file on results in a multiple combe filed only after all requirements of the Cerron of the	ons and measured and the with BLM/BIA. Requipletion or recompletion irements, including reclaim of DUZ TO MESAVE COLOS OF Product PD. (30)	we vertical depths of all pertinent mared subsequent reports shall be filed in a new interval, a Form 3160-4 shamation, have been completed, and the Characa will be reported for the filed per formation of the complete of the filed per f	rkers and zones. I within 30 days all be filed once the operator has the operator has seen to possible operator of the operato			
14. I hereby certify that the foregoin Name (Printed/Typed) Signature	is true and correct	Title P	O:	Analyst o				
Kronda Co	mpher		La mor	nch (0)				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE								
Approved by	rian W. Davis		itle and Mineral Residu	Date APR 6 200	ıt			
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to	attached. Approval of this noti	ice does not warrant or C	ffice					

Title 18 U.S.C. Section 1001, makes 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.