Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT – " for such proposals

SUBMIT IN TRIPLICATE

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-03541

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

RECEIVED
IN AUG 3 1998
OIL CON. DIV.
DIST. 3

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Taurus Exploration, U.S.A., Inc.

3. Address and Telephone No.
2198 Bloomfield Highway; Farmington, NM 87401

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1450' FSL, 790 FEL, Sec. 30, T28N, R9W, NMPM

8. Well Name and No.
Hancock B #7

9. API Well No.
30-045-07136

10. Field and Pool, or exploratory Area
Aztec Pictured Cliff

11. County or Parish, State
San Juan, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
	☐ Plugging Back	☐ Non-Routine Fracturing
☐ Final Abandonment Notice	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other __Return to Production__	☐ Dispose Water

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7/30/98 Swabbed well in and returned to production.

14. I hereby certify that the foregoing is true and correct

Signed _____ Title Production Superintendent Date 7/30/98

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any;

ACC   iE   RD

JUL ⌐ I 1998

* See Instruction on Reverse Side

NMOCD

FARMINGTON DISTRICT OFFICE