UN	TED STATES	
DEPARTMENT OF INTERIOR		5. Lease Designation and Serial No.
BUREAU OF LAND MANAGEMENT		SF 078596-A
SUNDRY NOTICES AND REPORTS ON WELLS		6. If Indian, Allottee or ribe Name
(Do not use this form for proposal	s to drill or to deepen or plug back	
to a different reservoir. Use Form 3160-3 for such proposals)		7. If Unit or CA, Agreement Number
a different controller controller of for each proposition		7. It of the of each right of the control of the co
1. Type of Well		8. Well Name and No.
GAS WELL		VANDERWART A # 16
		9. API Well No.
2. Name of Operator QUINTANA PETROLEUM CORPORATION		30-045-28411
3. Address and Telephone Number (303) 692–9559		
1325 So. Colorado Blvd. Suite 411 Denver, CO 80222		10. Field and Pool, or Exploratory Area
		BASIN FRUITLAND COAL GAS POOL
4. Location of Well (Sec. T., R., M., or Survey Description)		11. County or Parish, State
UNIT Letter B, 845' FNL & 2370'	rel	
Sec. 13, T29N, R08W		SAN JUAN County, New MExico
12. CHECK APPROPRIATE BOX	s) TO INDICATE NATURE OF NOTICE, REPORT	, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
X Notice of Intent	Abandonment	Change of Plans
	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
	X Casing Repair	☐ Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	□ Disposal Water
		(Note: Report result of multiple completion on Well Completion or Recompletion Report and Log form.
12. Describe Proposed Completion Operations (Clearly	state all pertinent details, and give pertinent dates, including estima	
	ertical depths for all markers and zones pertinent to this work.)*	the state and proposed worth it works at the state and s
Operator request permission to repair c	he braden head was found to be communicate	id with the 2-3/8 v 4-1/2" casing annulus
The state of the s		
	lose to the surface. The Operator plans to isol	
required. Cementing services should no	ot be required because the production cement	Operation was circulated to the surface.
		94 J
		TAA AA
JUN 1 3 1994 19		——————————————————————————————————————
		S = 35
OUL COM. DIV.		AH IO:
		ELMED 7 AM IO: 27 INGTON, NIV
கைமு த		NW 27
Ł		
NOTE: This format is Issued in lieu or U.S. I	9±M Form 3160−5	
14. I hereby certify that the foregoing is true and corect.		
SIGNED	Jummen TITLE	AGENT DATE: 06/03/94
R. D. SIMMONS		
(This space for Federal or State office us	e.)	
,	,	

CONDITIONS OF APPROVAL, IF ANY

APPROVED BY

