submitted in lieu of Form 3160-5

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

	BUREAU OF	LAND MANAGEMENT		
	Sundry Notic	es and Reports on We	lls	
1. Type of Well	L	A STATE OF THE PARTY OF THE PAR	5. 6.	NM-4456
		101.5	7.	Unit Agreement Name
2. Name of Oper	NGTON			
142000		GAS COMPANY	_ 8.	
3. Address & Pl PO Box 428	hone No. of Operato 9, Farmington, NM	or 87499 (505) 326-9700	9.	
4. Location of	Well, Footage, Sec	c., T, R, M	_ 10	30-039-26167 . Field and Pool
1035'FSL, 1	025'FWL, Sec.4, T-3	30-N, R-5-W, NMPM	11.	Basin Fruitland Coal County and State Rio Arriba Co, NM
		ICATE NATURE OF NOTIC	E, REPORT, OTHE	R DATA
_X_ Sub	mission ice of Intent sequent Report al Abandonment	Type of A  Abandonment Recompletion Plugging Back Casing Repair Altering Casing X Other - tubing 1	Change of P. New Construction Non-Routine Water Shut Conversion	ction Fracturing off
13. Describe	Proposed or Comple	eted Operations		
10-4-00 10-5-00 10-6-00	pump. Would not ND WH. NU BOP. Dro w/2 3/8" tbg. SI Pump 100 bbl wtro clean. TIH w/100 (SN @ 3159'). NI	down csg. Hydro test 0 jts 2 3/8" 4.7# J-5 D BOP. NU WH. TIH w/1	T tbg to 500 psi tbg to 3500 psi 55 EUE tbg, land	, failed. TOOH , OK Circ hole ed @ 3180'.
10-9-00	to 500 psi, OK. RD. Rig released.	SD for weekend.		!
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				5.5 S
14. Thereby	certify that the	foregoing is true an	d correct.	
Signed	say Cale	Title Regulatory	Supervisor	Date 11/8/00
no /	or Federal or State	e Office use)		FOR RECORU
APPROVED BY	APPROVAL, if any:	Title	Date	OV 1 > 2000
		ny person knowingly and willfully t statements or representations as	to make any department or to any matter within its	agency of jurisdiction.
the united States any	rerect treatment of transporters			Sma