Form 3160-5 (September 2001)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS					5. Lease Serial No. NMSF-079968			
abandoned well. Use Form 3160-3 (APD) for such proposals.					N/A			
				N/A	CA/Agre	eement, Name and	d/or No	
SUBMIT IN TRIF	PLICATE - Other Instructi	ons on rever	19 3 45 A	7. II CIII G	CA/Agic	ement, Ivanie and	3.01.110.	
. Type of Well		The state of the s		24390				
Oil Well Gas Well	100	SEP 70	8. Well Na		10.			
2. Name of Operator		100 July 1000			WF Federal 5 #1 9. API Well No.			
Richardson Operating Company				<b>→</b> · · ′				
a. Address	b. Phone No. fincli		30-045-30259 10. Field and Pool, or Exploratory Area					
3100 La Plata Highway. Farming	05-564-3100\ 🔆	· [ ·	Twin Mounds Fruitland Sand PC					
Location of Well (Footage, Sec., 7	, R., M., or Survey Description)	Jan.		11. County				
Section 5, 29N-R14W	`	71. County	San Juan County, NM					
1555' FNL & 560' FWL		San Juan						
	TO D	DICATE MAT	TIDE OF NOTICE					
12. CHECK APP	ROPRIATE BOX(ES) TO IN			KLI OKI, O				
TYPE OF SUBMISSION TYPE OF ACTION								
	☐ Acidize ☐	Deepen	Production (S	tart/Resume)	□ w:	ater Shut-Off		
Notice of Intent	Acturze	Fracture Treat	Reclamation		□ we	ell Integrity		
Notice of Intent		New Construction	= .		Ot	her		
Subsequent Report	Casing Repair  Change Plans	Plug and Abando	• = •	Abandon	_			
The state summer Nation		Plug Back	Water Dispos					
Final Abandonment Notice  3. Describe Froposed or Completed	Convert to Injection	_			<del></del>		tion tharas	
testing has been completed. Fina determined that the site is ready f 8/27/02 MIRU American Energy		ed only after an re-	qui omana, aremana					
8/29/02 Plan to pump 65 sks Clas								
Verbal Authorization to proceed v				as given that o	perations	s will begin on 8	3/29/02 at	
8:00 a.m.	viair tear t was given by and the					, Ž		
0.00 4						****		
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						* *		
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						- 3		
14. I hereby certify that the foregoin	g is true and correct							
Name (P intedlTyped)		T'A						
Drew Carnes		Title	Operations Manager					
6:		Date	e 08/27/02					
Signature:	TUIC COACE EC		R STATE OFFICE U	JSE				
	INIO OFACE FO	AT I COLIVE O			<u></u>			
Approved by (Signature) Original Signad: Stephen Mason			Name (Printed/Typed)		Title			
Office of the present was out						Date		
Conditions of approval, if any, are certify that the applicant holds leg	attached. Approval of this notice all or equitable title to those rights	in the subject leas	or i			9/4/	02	

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any fase, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

