Form 3160-5 (September 2001)

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

| | | OMB No. | PPROVED 1004-0135 1ary 31, 200 |
|---------|---|------------|--------------------------------------|
| ^}_ \/ | _ | xpires Jam | ıary 31, 200 |

| SUNDRY | NOTICES | AND RE | PORTS | ON WELLS | |
|--------------|----------------|----------|--------------|----------------|--|
| not use this | form for n | ronoesie | to drill | or to re-enter | |

Do I

| abandoned w | ell. Use Form 3160-3 (AF | PD) for such proposals. | | f Indian, Allottee or Tribe Name |
|---|--------------------------------------|---------------------------------------|----------------------------|---|
| SUBMIT IN TR | IPLICATE - Other inst | ructions on reverse sid | 070 Famingio | f Unit of CA/Agreement, Name and/or No. |
| 1. Type of Well | | | m | 1. DellEast II . In. |
| ☐ Oil Well ☐ Gas Well [| Other Olama | | <u>//</u> | ORTHEAST Hogback Well Name and No. |
| 2. Name of Operator | - Plus | | | PEHBU # Z |
| | inerals an | 3b. Phone No. (include are | 9. | API Well No. |
| 3a. Address | 1/1/ 500 | 3b. Phone No. (include are | | 30-045-60229 |
| 1.0.00x 1680 | Habbs; MMSSL | 11 505-391-3 | | Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec | ., T., R., M., or Survey Description | on) | | TORSE Shoe Gally |
| | | | ſ | County or Parish, State |
| 825' FNL, 87 | 5' FEC Sec. 1 | 5 T30N R161 | / 3 | an Juan, Mm |
| 12. CHECK A | PROPRIATE BOX(ES) | O INDICATÉ NATURE | OF NOTICE, REPOR | RT, OR OTHER DATA |
| TYPE OF SUBMISSION | | | OF ACTION | |
| | Acidize | ☐ Deepen | Production (Start/Resun | ne) Water Shut-Off |
| Notice of Intent | Alter Casing | Fracture Treat | Reclamation | Well Integrity |
| Subsequent Report | Casing Repair | New Construction | _ | Other |
| | Change Plans | Plug and Abandon | Temporarily Abandon | |
| Final Abandonment Notice | Convert to Injection | Plug Back | Water Disposal | |
| determined that the site is ready | for final inspection.) | be med only after all requireme | nts, including reclamation | Refurn WÉCC |
| | | · · · · · · · · · · · · · · · · · · · | | |
| 14. I hereby certify that the foregoi Name (Printed/Typed) | ng is true and correct | <u></u> | | <u> </u> |
| 14. I hereby certify that the foregoi Name (Printed/Typed) | 111 | Title A | Gent | |
| Name (Printed/Typed) | 111 | Title A | GEN+ 14103 | |
| Name (Printed/Typed) | ie Hill | A | 14/03 | OCEDIED FOR RECORD |
| Name (Printed/Typed) | Hill ie Will THIS SPACE | FOR FEDERAL OR STAT | 14/03 | PAPR 1 2003 |