Form 3160-5 (September 2001)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SU	NDRY NO	TICES AND	REPORT	S ON WE	LLS
Do not us	se this fori	n for propo	sals to dri	ll or to re-	enter an
abandone	ed well. Use	Form 3160	0-3 (APD) fo	r such pro	oposals.

. Lease Se		
NMNM-9	9003	
If Indian	Allottee or Tribe Name	

				N/A			
SUBMITINTR	IPLICATE - Other Instru	ctions on rever	se side	7. If Unit or Ca	A/Agreement, Name	and/or No.	
1. Type of Well	i takan 1 jeun metaj gene indo <u>ralija metas dan dan j</u> an in		<u>agrical hate his introductive and a called the </u>	N/A			
Oil Well Gas Well	Other				8. Well Name and No.		
2. Name of Operator				WF Federal 30 #2			
Richardson Operating Company	·			9. API Well N			
3a. Address	3b. Phone No. (include area code)		30-045-31307				
3100 La Plata Highway, Farming	eton, NM 87401	564-3100		10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)				Twin Mound	i PC/Basin Fruitla	nd Coal	
830' FSL & 1130' FEL, Section 3				11. County or 1	Parish, State		
					San Juan County, NM		
	PROPRIATE BOX(ES) TO			EPORT, OR C	OTHER DATA		
TYPE OF SUBMISSION			TYPE OF ACTION				
Notice of Intent		Deepen	Production (Star	rt/Resume)	Water Shut-Off		
	Alter Casing	Fracture Treat	Reclamation	L	Well Integrity	, DD	
Subsequent Report	Casing Repair	New Construction	=		Other Renew A	APD	
Final Abandonment Notice	Convert to Injection	Plug and Abandor Plug Back	Temporarily Al Water Disposal	pandon			
testing has been completed. Fin determined that the site is ready Richardson Operating Company of All terms of the orginal APD rear This well has not been drilled.	respectfully requests a one (1) y min the same.	filed only after all requested ear extension of original	uirements, including reclassing reclassing the property of the	02 and approved	n completed, and the	be filed once; operator has	
Name (PrintedlTyped) Paul Lehrman	ig is true and correct	Title	andman				
I aut Lemman	/		andiign				
Signature		Date 2	/14/04				
	THIS SPACE FO	OR FEDERAL OR	STATE OFFICE USE				
Approved by (Signature)			Name (Printed Typed)	Ti	itle		
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	attached. Approval of this notice al or equitable title to those rights conduct operations thereon.	does not warrant or in the subject lease	Office		Date		

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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.