Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED
OM B No. 1004-0137
Expires: March 31, 200

BUREAU OF I	LAND	Managemen	1	4	_
NATIV NATIANA				 _	

SUNDRY	NOTICES AND REI	PORTS OF	WE	LLS	NM-10	758		
Do not use th	is form for proposals t	o drill or t	o re-	enter an	6. If Indian	n, Allottee or Tribe Name		
abandoned we	ell. Use Form 3160 - 3 (APD) for su	ch př	çêjasals .P28	PM _{NA} 2	70		
SUBMIT IN TRI	PLICATE- Other insti	ructions on	reve	rse side DECE	7. If Unit o	r CA/Agreement, Name and/or No.		
1 Type of Well		400,000		070 FARMI	NA.	MM		
1. Type of Well Oil Well	Gas Well Other			UTU FARMI	8. Well Name and No.			
2. Name of Operator Richardson C					Western Gas #2			
	Jperating Company		<u> </u>		9. API Well No.			
		3b. Phone No. 505-564-31	e No. (inchide area code)		<u> </u>	31399 3/88/		
3100 La Plata Highway, Farmington, NM, 87401		303 304 37	F-5100		10. Field and Pool, or Exploratory Area Twin Mounds Pictured Cliffs			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State			
1863' FSL & 844' FEL, Sec. 1	, 125N, RI5W				San Ju	an County, New Mexico		
				· · · · · · · · · · · · · · · · · · ·	L			
12. CHECK AF	PROPRIATE BOX(ES) TO	INDICATE 1	IUTAN	RE OF NOTICE, RI	EPORT, OI	ROTHER DATA		
TYPE OF SUBMISSION			TY	PE OF ACTION				
	Acidize	Deepen		Production (Sta	rt/Resume)	Water Shut-Off		
Notice of Intent	Alter Casing	Fracture Tre	at at	Reclamation	,	Well Integrity		
Subsequent Report	Casing Repair	New Const	uction	Recomplete		Other Time extension		
	Change Plans	Plug and Al	pandon	Temporarily Ab	nporarily Abandon request			
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal				
following completion of the investing has been completed. Fit determined that the site is ready Richardson Operating Comaterial and the closing of	rolved operations. If the operation all Abandonment Notices shall be for final inspection.) In pany respectively requests a the drilling pit pursuant to C	results in a multi filed only after al a forty-five (45) OCD Rule 50.	ple com Il require day th	pletion or recompletion in aments, including reclama me extension to compl	n a new interv ation, have be	reports shall be filed within 30 days al, a Form 3160-4 shall be filed once an completed, and the operator has ales concerning the testing of pit		
14. Thereby certify that the fore Name (Printed/Typed)	going is true and correct	i		•	EN BILL	J. A. T. C.		
Jo Becksted			Title Compliance Administrator					
Signature N BULSTER			Date 09/27/2004					
THIS SPACE FOR FEDERAL OR STATE OFFICE USE								
L-/	/. <. >		T		-	a /- /		
	ay kni		<u> </u>	Title EP/ROW ?	PAM	Date 9/30/04		
Conditions of approval, if any, are a certify that the applicant holds legal			1.	·				
which would entitle the applicant to		an an output ita		Office PPO				
Title 18 U.S.C. Section 1001 and Title	43 U.S.C. Section 1212, make it	a crime for any	person k	nowingly and willfully	o make to an	y department or agency of the United		

(Instructions on page 2)