Form 3160-5 (November 1994)

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

**BUREAU OF LAND MANAGEMENT** 

**SUNDRY NOTICES AND REPORTS ON WELLS** 

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

| NMSP | MM-078863                            |  |  |  |  |
|------|--------------------------------------|--|--|--|--|
|      | 6. If Indian, Allottee or Tribe Name |  |  |  |  |

|                                                                                                                                          | form for proposals to di<br>Use Form 3160-3 (APD) fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | 7. 1                           | 6. If Indian, Al            | llottee or Tribe Name                   |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|-----------------------------|-----------------------------------------|--|--|
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                | 7. If Unit or C.            | A/Agreement, Name and/or No.            |  |  |
| SUBMIT IN TRIPLICATE - Other instructions on reverse side                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                |                             | 105 JAN 3 6M 9 59                       |  |  |
| Type of Well                                                                                                                             | <ul> <li>Section of the growing the control of the control of</li></ul> |                                        |                                | VIII OU                     | <b>Q</b> ()                             |  |  |
| Oil Well X Gas Well                                                                                                                      | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | ŀ                              | 8. Well Name                | and-No.                                 |  |  |
| 2. Name of Operator                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                |                             | KRAUSEA#11sMCTOH 21M                    |  |  |
| M & G Drilling Company Inc. c/o Mike Pippin LLC (Agent)                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                |                             | 9. API Well No.                         |  |  |
| 3a. Address 3b. Phone No. (include area code)                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                |                             | 30-045-32514                            |  |  |
| c/o:Pippin,3104 N. Sullivan, Farmington,NM 87401 505-327-4573                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                |                             | 10. Field and Pool, or Exploratory Area |  |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                |                             | Kutz Pictured Cliffs, West              |  |  |
| 1975' FSL 775' FEL (I) Sec. 28 T28N R11W                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                |                             | 11. County or Parish, State             |  |  |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        | H. J                           | San Juan C                  | county, New Mexico                      |  |  |
| 12. CHECK APPROPRIATE BOX                                                                                                                | (ES) TO INDICATE NATUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | E OF NOTICE, RE                        | PORT, OR OTH                   | ER DATA                     |                                         |  |  |
| TYPE OF SUBMISSION                                                                                                                       | TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ************************************** | 92 N. J.                       |                             |                                         |  |  |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                |                             |                                         |  |  |
| Notice of Intent                                                                                                                         | Acidize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Deepen<br>Fracture Treat               | Reclamation                    | Start/Resume)               | Water Shut-Off Well Integrity           |  |  |
| X Subsequent Report                                                                                                                      | Casing Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | New Construction                       | Recomplete                     |                             | ▼ Other SPUD &                          |  |  |
|                                                                                                                                          | Change Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Plug and Abandon                       | Temporarily                    | Abandon                     | SURFACE CASING                          |  |  |
| Final Abandonment Notice                                                                                                                 | Convert to Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Plug Back                              | ☐ Water Dispos                 | sal                         |                                         |  |  |
| & set @ 207'. Cemented<br>@ 15.6 ppg, & 1.18 cf/sx<br>min OK.                                                                            | /4" hole @ 7:30 a.m. Dri<br>I csg w/185 sx (218 cf) C<br>. Circ. 8 bbls cmt to pit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lled to 207'. TIF<br>I "B" cmt w/2% (  | ł w/8-5/8" 23<br>Cacl2, 0.25#/ | # LS X-42 S<br>sx celloflak | STC csg<br>e mixed                      |  |  |
| <ol> <li>I hereby certify that the foregoing i<br/>Name (Printed/Typed)</li> </ol>                                                       | s true and correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Title                                  |                                |                             |                                         |  |  |
| Mike I                                                                                                                                   | Pipagin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _ = = <del></del>                      | Petr.                          | Engr. (Age                  | ent)                                    |  |  |
| Signature VIII                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                                   |                                |                             |                                         |  |  |
|                                                                                                                                          | V. ESPUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                | uary 3, 200                 |                                         |  |  |
| Approved by                                                                                                                              | IMS SPACE 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OR FEDERAL OR S                        | STATE USE                      |                             | CEPTED FOR RECORL                       |  |  |
| approved by                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Title                                  |                                | Date                        |                                         |  |  |
| Conditions of approval, if any, are attached certify that the applicant holds legal or equi which would entitle the applicant to conduct | table title to those rights in the subject operations thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lease                                  |                                | FA                          | JAN n 7 2005<br>RMINGLUM FIELD OFFICE   |  |  |
| Title 18 U.S.C. Section 1001, makes it a fraudulent statements or representations                                                        | crime for any person knowingly an<br>as to any matter within its jurisdiction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | d willfully to make to a on.           | my department or               | agency of the O             | nited States May false, fictitious or   |  |  |