

Form 3160-5 (August 1999)

## UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

| DEFARIMENT OF THE DITERIOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
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| BUREAU OF LAND MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| BUREAU OF LAND MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| in the state of th |  |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| SUNDAT NOTICES AND ALL ONTO ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |

|                                                                  |                                                                                                                                                                 | DO                                                    | KENU OF LAND MA                                                                                                                  | טמינ                               | Estates 4.4                                                             |                                      |                                                                                      | <b>]</b> 5.                          | Lease                                      | Serial                            | No.                                                                                                                                                                    |  |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                  | SUND<br>Do not use t<br>abandoned w                                                                                                                             | RY N<br>his forell. I                                 | OTICES AND REI<br>orm for proposals<br>Use Form 3160-3 (A                                                                        | POR<br>to d<br>AD)                 | TS ON WELLS<br>rill or to re-enter<br>for such propess                  | en<br>S                              | V 2 PM                                                                               | 36.                                  | if indi                                    | an, A                             | llottee or Tribe Name                                                                                                                                                  |  |
| SUBMIT IN TRIPLICATE Other instructions on reverse side RECEIVED |                                                                                                                                                                 |                                                       |                                                                                                                                  |                                    | ' Ea                                                                    | Passe ruerro curdarro Mauco          |                                                                                      |                                      |                                            |                                   |                                                                                                                                                                        |  |
| 1. Type of Well 070 FARMINGTO                                    |                                                                                                                                                                 |                                                       |                                                                                                                                  |                                    |                                                                         | 8. Well Name and No.                 |                                                                                      |                                      |                                            |                                   |                                                                                                                                                                        |  |
| -                                                                | Name of Operator                                                                                                                                                |                                                       | J Other                                                                                                                          |                                    |                                                                         |                                      |                                                                                      | EPCMU #7 (N-20)                      |                                            |                                   |                                                                                                                                                                        |  |
| 4.                                                               |                                                                                                                                                                 | on-Montin-Greer Drilling Corp.                        |                                                                                                                                  |                                    |                                                                         |                                      |                                                                                      | 9. API Well No.                      |                                            |                                   |                                                                                                                                                                        |  |
| 3a.                                                              | Address                                                                                                                                                         |                                                       |                                                                                                                                  |                                    | 3b. Phone No. (includ                                                   | e area                               | code)                                                                                | 30                                   | 039                                        | 9-06                              | 5823                                                                                                                                                                   |  |
|                                                                  | 4900 College Bly                                                                                                                                                | ≀d.                                                   | Farm. NM 8740                                                                                                                    | 12                                 | (505) 325                                                               | -88                                  | 74                                                                                   | 10.                                  | Field                                      | and Po                            | ool, or Exploratory Area                                                                                                                                               |  |
| 4.                                                               | Location of Well (Footage, Sec                                                                                                                                  |                                                       |                                                                                                                                  |                                    |                                                                         |                                      |                                                                                      | 7                                    |                                            |                                   | cto Chiquito Mancos                                                                                                                                                    |  |
| •                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                           |                                                       |                                                                                                                                  |                                    |                                                                         |                                      |                                                                                      | 11.                                  | Count                                      | y or P                            | arish, State                                                                                                                                                           |  |
|                                                                  | 660' FSL & 1980' FWL, Sec. 20, T27N, R1E.                                                                                                                       |                                                       |                                                                                                                                  |                                    |                                                                         |                                      | Ri                                                                                   | Rio Arriba, NM                       |                                            |                                   |                                                                                                                                                                        |  |
|                                                                  | 12. CHECK AF                                                                                                                                                    | PRO                                                   | PRIATE BOX(ES)                                                                                                                   | ТОП                                | NDICATE NATU                                                            | RE (                                 | OF NOTICE, R                                                                         | ЕРО                                  | RT, O                                      | R O                               | THER DATA                                                                                                                                                              |  |
| TYPE OF SUBMISSION TYPE OF ACTION                                |                                                                                                                                                                 |                                                       |                                                                                                                                  |                                    |                                                                         |                                      |                                                                                      |                                      |                                            |                                   |                                                                                                                                                                        |  |
|                                                                  |                                                                                                                                                                 | O                                                     | Acidize                                                                                                                          | 0                                  | <b>Deepen</b>                                                           |                                      | Production (Start                                                                    | /Resu                                | me)                                        | 0                                 | Water Shut-Off                                                                                                                                                         |  |
| (Z)                                                              | Notice of Intent                                                                                                                                                |                                                       | Alter Casing                                                                                                                     |                                    | Fracture Treat                                                          |                                      | Reclamation                                                                          |                                      |                                            | ā                                 | Well Integrity                                                                                                                                                         |  |
|                                                                  | Subsequent Report                                                                                                                                               | ū                                                     | Casing Repair                                                                                                                    |                                    | New Construction                                                        |                                      | Recomplete                                                                           |                                      |                                            |                                   | Other                                                                                                                                                                  |  |
| _                                                                |                                                                                                                                                                 |                                                       | Change Plans                                                                                                                     |                                    | Plug and Abandon                                                        | Ø                                    | Temporarily Ab                                                                       | andon                                |                                            |                                   |                                                                                                                                                                        |  |
|                                                                  | Final Abandonment Notice                                                                                                                                        | 0                                                     | Convert to Injection                                                                                                             | 0                                  | Plug Back                                                               | a                                    | Water Disposal                                                                       |                                      |                                            |                                   |                                                                                                                                                                        |  |
| i                                                                | f the proposal is to deepen direct that the Bond under which the following completion of the investing has been completed. Fin termined that the site is ready: | ctionall<br>se work<br>olved o<br>sal Aba<br>for fina | ly or recomplete horizont<br>k will be performed or properations. If the operation<br>andonment Notices shall<br>al inspection.) | ally, grovide<br>on resi<br>be fil | the Bond No. on file ults in a multiple comped only after all required. | ns and<br>with l<br>pletion<br>remen | d measured and tru<br>BLM/BIA. Requint<br>or recompletion in<br>its, including recla | e vert<br>red su<br>in a ne<br>matio | ical deg<br>bsequer<br>ew inter<br>n, have | oths of<br>nt reportal, a<br>been | and approximate duration thereof. fall pertinent markers and zones. orts shall be filed within 30 days Form 3160-4 shall be filed once completed, and the operator has |  |
| I                                                                | BMG requests perm                                                                                                                                               | iiss                                                  | ion to tempor                                                                                                                    | ari                                | ly abandon                                                              | thi                                  | s well for                                                                           | r no                                 | )ten                                       | tis                               | l future use as an                                                                                                                                                     |  |
| İ                                                                | injection well.                                                                                                                                                 | Pro                                                   | vided permiss                                                                                                                    | ion                                | is given,                                                               | BMG                                  | will do                                                                              | he                                   | fol:                                       | low                               | ing:                                                                                                                                                                   |  |
| 3                                                                | , llessule (est                                                                                                                                                 | + 20<br>cas                                           | 055' (end of sing to at le                                                                                                       | 4½<br>ast                          | casing @ 210<br>550# for th                                             | 05'<br>nir                           | , open-hol<br>ty minutes                                                             | le d                                 | omp:                                       |                                   | ion 2105-2239').                                                                                                                                                       |  |
| A                                                                | ppropriate NMOCD ppropriate permi                                                                                                                               | per<br>ssic                                           | rsonnel will on will be ob                                                                                                       | be<br>tai                          | notified at<br>ned prior to                                             | lea<br>i                             | ast twenty<br>nitiating                                                              | -fc<br>the                           | ur l<br>inj                                | nour<br>ject                      | rs prior to testing                                                                                                                                                    |  |

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| <ol> <li>I hereby certify that the foregoing is true and correct<br/>Name (Printed/Typed)</li> </ol>                                                                                                                                                                                       |          |                    | <i>A</i> | $n_{\mu}$       | 33. ES |  |  |
| Josh Cooper                                                                                                                                                                                                                                                                                | Title    | Engineer           | 2        | C.C.            |        |  |  |
| Signature Jack Coope                                                                                                                                                                                                                                                                       | Date     | 05/21/03           | P. C.    | Office Comments | N.     |  |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                                                 |          |                    |          |                 |        |  |  |
| Approved by                                                                                                                                                                                                                                                                                | Division | of Multi-Resources | Date     | 5/2             | 7/03   |  |  |
| Conditions of approval, if any, are attached. Approval of this notice does certify that the applicant holds legal or equitable title to those rights in the which would entitle the applicant to conduct operations thereon.                                                               | Office   |                    |          |                 |        |  |  |
| 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. |          |                    |          |                 |        |  |  |