Form 3160-5 (April 2004)

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

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

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

| <ol><li>Lease Serial No.</li></ol> |       |   |
|------------------------------------|-------|---|
| IMDA 751-05-1025,                  | Tract | C |

| . If India | n, Allottee | or Tribe Nan |
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| abandoned well. Ose form 5100-5 (AFD) for Such proposals.   |                               | Ute Mountain Ute   |                                   |
|---|-------------------------------|--|-----------------------------------|
| SUBMIT IN TRIPLICATE- Other instructions on reverse side.  1. Type of Well Gas Well Other  2. Name of Operator Elk San Juan, Inc.   |                               | 7. If Unit or CA/Agreement, Name and/or No.  8. Well Name and No.  Ute Mountain Tribal 22D |                                   |
|   |                               |  |                                   |
|   |                               | 3a Address   | 3b. Phone No. (include area code) |
| 1401 17th: Street, Suite 700, Denver Colorado, 80202 303 296 4505  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  J: 1990' FSL, 1545 FEL, CSE Section 22-T31N-R14W |                               | 10. Field and Pool, or Exploratory Area  Basin Dakota                                      |                                   |
|   |                               | 11. County or Parish, State  |                                   |
| HW: 2332 FSL, 1725 FEL 22-31-14 "J"   |                               | San Juan County, NM  |                                   |
| 12. CHECK APPROPRIATE BOX(ES) T   | TO INDICATE NATURE OF NOTICE, | REPORT, OR OTHER DATA  |                                   |
|   |                               |  |                                   |

| 12. CHECK A   | PPROPRIATE BOX(ES)   | TO INDICATE NATUR   | RE OF NOTICE, REPORT, C   | R OTHER DATA   |
|---|--|---|---|--|
| TYPE OF SUBMISSION  | TYPE OF ACTION   |   |   |  |
| Notice of Intent  ✓ Subsequent Report  Final Abandonment Notice | Acidize Alter Casing Casing Repair Change Plans Convert to Injection | Deepen Fracture Treat New Construction Plug and Abandon Plug Back | Production (Start/Resume) Reclamation Recomplete Temporarily Abandon Water Disposal | Water Shut-Off  Well Integrity  ✓ Other Set 5 1/2" Csg |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

The subject well was drilled to 4050'. The following logs were run: IHRI, LSS, SDL/DSN. Set 5 1/2" OD, 15.5#, J-55 casing @ 4050'. Cement 5-1/2" csg, pmp 20 bbls wtr ahead, followed by 1051 sx 65/35 poz w/ 6% gel 5# gilsonite, 1/4# flocele & 5 % Hal-9 mixed at 12.4 ppg & 1.84 yield, followed by 200 sx 50/50 poz w/ 2% gel, 5# gilsonite, 1/4# flocele, 2% Hal-9 & 1% CFR-3 mixed @ 13.5 ppg & 1.24 yield, lost returns w/ 250 bbls cmt pmpd, finished cmt, dropped plug & displaced w/ 95.6 bbls fresh wtr, bumped plug w/1134#, floats held. Pressured csg to 1000 psi on completion, held ok.

m, field ok.

MCCEPTED FOR MEDICAL MAY 2006

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|   | <u> </u>            | , <u> </u> |   |
|---|---------------------|------------|---|
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)  | 1                   |            | - |
| Karin Kuhn  | Title Engineering T | echnician  |   |
| Signature Kalin Kulm  | Date                | 04/18/2006 |   |
| THIS SPACE FOR FEDERAL  | . OR STATE OF       | FICE USE   |   |
| Approved by   | Title               | Date       | _ |
| Conditions of approval, if any, are attached. Approval of this notice does not warrar certify that the applicant holds legal or equitable title to those rights in the subject learn which would entitle the applicant to conduct operations thereon. | l l                 |            |   |

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.



(Instructions on page 2)