**3**505 599 8997

Form 31@-5 (September 2001)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				FORM APPROVED OMB No. 1004-2135 Expires January 51, 2004  5. Lease Serial No.	
SUNDR Do not use the	Y NOTICES AND REPORTS form for proposals (coll.) Use Form 3160-3 (AP	ORTS ON WELLS o drill or to/re-enter D) for such proposa	ahU0 2003	6. If Indian, Allottee of VICARILLA	A NOT BELL TOOL GOOD BUT TO THE	
SUSSUITER .	Hillion (1879) hay mad	uodene eluzorena	9 91d3 5 7	7. If Unit or CA/Agree	ement, Name and/or No.	
Oil Well Gas Well Other  Name of Operator SONOMA ENERGY CORP.				8. Well Name and No.  CINCO DIABLOS #6  9. API Well No.		
3a. Address  17620 Hwy 105  4. Location of Well (Footage, Sec. 990' FNL, 190')  D-14-23N-44		3b. Phone No. (included 936-588)		300 392  10. Field and Pool, or F  3ALLARD P  11. County or Parish, S  RIO ARRIB	Exploratory Area  CTURED CLIFF  tate	
	PROPRIATE BOX(ES) T	<del></del>		PORT, OR OTHER	DATA	
TYPE OF SUBMISSION  Notice of Intent Subsequent Report Final Abandonment Notice  Describe Proposed or Complete	Acidize Alter Casing Casing Repair Change Plans Convert to Injection d Operation (clearly, state all per	Deepen Fracture Treat New Construction Plug and Abandon Plug Back Unent details, including est	Production (Start/)  Production (Start/)  Reclamation  Recomplete  Temporarily Abar  Water Disposal	Other Re	- PERFORATE	
If the proposal is to deepen dire Attach the Bond under which the following completion of the investing has been completed. Findetermined that the site is ready  RE-PERPORATE	ne work will be performed of pro- olved operations. If the operational Abandonment Notices shall for final inspection.)  FROM 3033' To	ovide the Bond No. on file in results in a multiple combe filed only after all requestions.	with BLM/BIA. Require pletion or recompletion in irements, including reclan	d subsequent reports she a new interval, a Form nation, have been completed.	all be filed within 30 days 3160-4 shall be filed once eted, and the operator has ACIDIZE	
PERFORATIONS	W ITH 500 GALL	ONS OF 15%	HCL. ESTM	ATED START	03	
				Physician W.W.	6.5	
14. I hereby certify that the foregoin Name (Printed/Typed)  Robbie Waler	•	Title	PRESIDENT			
Signature Juliu	Halters	Date	7-30-03			
Approved by	- dovolo	Tiles 17 validities (Cicinia)	ide Petr Fra	Date 8	603	
Conditions of approvat, it any, are certify that the applicant holds lega which would entitle the applicant to describe th	attached. Approval of this notice or equitable title to those right conduct operations thereon.		ffice BLM-R			

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.