Form 3160-5 (November 1994)

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

SUNDRY NOTICES AND REPORTS ON WELLS

| | FORM APPROVED | |
|----|-----------------------------|--|
| | Budget Bureau No. 1004-0135 | |
| | Expires November 30, 2000 | |
| 5. | Lease Serial No. | |

| 5. | Kease | Serial | No |
|----|-------|--------|----|
|----|-------|--------|----|

| SUNDRY NOTICES A | 142060478 | |
|---|--|---|
| Do not use this form for particles abandoned well. Use Form | 6. If Indian, Allottee or Tribe Name | |
| | Other instructions on reverse side | If Unit or CA/Agreement, Name and/or No VIE MOUNTAIN UTE |
| 1. Type of Well Oil Gas | Bures 2 2001 | INDIAN TRIBE 8. Well Name and No. |
| 2. Name of Operator | -diegil of Lands | UTE MOUNTAIN |
| Cross Timbers Operating Company | Bureau of Manage 3b. Phone No. (include area code) | TRIBAL J #6 |
| 3a. Address | 3b. Phone No. (include area code) | 30-045-29867 |
| 2700 Farmington Ave., Bldg. K. Ste 4. Location of Well (Footage, Sec., T., R., M., or Survey Descrip | 1 Farmington, NM 8/401505-324-1090 | 10. Field and Pool, or Exploratory Area |
| 450'FSL, 500'FWL SEC.01,T31N,R14W | inon) | UTE DOME DAKOTA |
| 430 13E, 300 FRE 3EG.UI, 13IN, NIAN | | 11. County or Parish, State |
| | | SAN JUAN NM |
| 12. CHECK APPROPRIA | ATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPOR | RT, OR OTHER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTIO | N |
| X Notice of Intent | Acidize Deepen Product | ion (Start/Resume) Water Shut-Off |
| | Alter Casing Fracture Treat Reclaim | ation Well Integrity |
| Subsequent Report | Casing Repair New Construction Recom | plete X Other Semi- |
| Final Abandonment Notice | Change Plans Plug and Abandon Tempor | rarily Abandon Annual Calibration |
| T mai Abandonnon Avideo | Convert to Injection Plug Back Water I | Disposal |
| determined that the final site is ready for final inspection Cross Timbers requests permission 100 MCFPD | MAR RECE | 2001 00 IVED 00 N. DIV |
| 14. I hereby certify that the foregoing is true and correct | Title | |
| Name (Printed/Typed) Cheryl A. Moore | Production Anal | yst |
| Cheryl a. Ma | Date 12/29/00 | |
| THIS | SPACE FOR FEDERAL OR STATE OFFICE USE | |
| Approved by | MINERALS STAFF | CHIEF # 1 2 7 2001 |
| Conditions of approval, if any, are attached. Approval o certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations thereon | f this notice cost we varrant or those rights in the subject lease | FLUA |