UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SUBSTITUTE FORM 3160-5 (APPROVED June, 1992, revised May, 2000) SUNDRY NOTICES AND REPORTS ON WELLS

1. TYPE OF WELL Gas Well	5. LEASE DESIGNATION AND SERIAL NO. NMNM-103571
2. NAME OF OPERATOR KUKUI Operating Company	6. IF INDIAN, ALL., OR TRIBE NAME
3a. ADDRESS 601 Vestavia Parkway, Suite 240 Vestavia, Alabama 35216 3b. Telephone Number (include area code) 205/823-2977	 7. IF UNIT OR CA, AGREEMENT DESIGN. 8. WELL NAME AND NO. Highlands "25" Federal #1 9. API WELL NO.
4. LOCATION OF WELL (Footage, Sec. T. R. M, or Survey Description) 1900' FNL & 1980' FEL of Sec. 25-T19S-R21E	10. FIELD & POOL, OR EXPLORATORY AREA 11. COUNTY OR PARISH, STATE; Eddy, New Mexico
12. FILL IN APPROPRIATE DESCRIPTION TO INDICATE NA	TURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION: Subsequent Report 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.

Clarification of "Pressure Control Equipment" (Item 10 of APD)

- Set 40' of 13 3/8" conductor pipe. Install 13 5/8" starter head and rotating head. Drill 12 1/4" hole to 1,450'. Set 9 5/8" surface casing. Cement to surface.
- 2.) Nipple up 11", 5M SRRA stack. Test BOPE and 9 5/8" surface casing to 70% of rated internal yield of casing.

14. I HEREBY CERTIFY THAT THE FOREGOING IS TRU Name (Printed or Typed)	E AND CORRECT.	
Larry Strider		
SIGNED	District Operations Manager	DATE4/20/01
(THIS SPACE FOR FEDERAL OR STATE OFFICE USE) APPROVED BY /S/ LESLIE A. THEISS CONDITIONS OF APPROVAL, IF ANY ARE ATTACHED.	TITLE FIELD MANAGER	DATE AUG 0 8 2001

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