Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED OM B No 1004-0137 Expires: March 31, 2007

5	Lease Senal No.
	14-20-604-90
6	If Indian, Allottee or Tribe Name

BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an					5 Lease Senal No. 14-20-604-90 6 If Indian, Allottee or Tribe Name						
								abandoned w	Ute Mountain Ute		
								SUBMIT IN TR	7. If Unit or CA/Agreement, Name and/or No.		
l Type of Well ☐ ☐ ☐	8. Well Name and No.										
2. Name of Operator J.C. Well Ser	Ute Mtn B No: 19 9 API Well No										
3a Address	1	300458716000X1 2476\									
3a Address 3b. Phone No. (include area code) P.O. Box 51 Farmington NM 87499 505 327 9931					10 Field and Pool, or Exploratory Area						
4. Location of Well (Footage, Sec.,	T., R., M., or Survey Description	2)		-	Gallup						
SE/4 SE/4 Section 31 T31N, R	11 County or Parish, State										
,	San Juan, New Mexico										
12. CHECK A	PPROPRIATE BOX(ES) T	O INDICATE NATU	RE OF NOTICE, F	REPORT, OF	R OTHER DATA						
TYPE OF SUBMISSION		T	YPE OF ACTION								
	Acidize	Deepen	Production (St	art/Resume)	Water Shut-Off						
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity						
Subsequent Report	Casing Repair	New Construction			Other Change of C	perator					
Final Abandonment Notice	Change Plans	Plug and Abandon									
T man Abandoniment Notice	Convert to Injection	Plug Back	Water Disposal								
testing has been completed. F determined that the site is read	uant to Assignment of Minir	be filed only after all requi	rements, including reclar			tor has					
P. O. Box Farming	c 5526 ton, NM 87499				OIL CONS.						
,g											
	ACCEPTED FO	RECORD			DIST.	₫ 					
	ACCEPTED FO	5/15/2012				ED					
	San Jus n Hesoi	Tica wiee			APR 2 3 2	:012					
·	Bureau of Land	Man Manual H			Williams to the real right and the real	หายการ เกรี					
					برشان رسان مساسيات	الماسية					
14 I hereby certify that the for	egoing is true and correct										
Name (Printed/Typed) Mary Cunningl		Title	OU/M								
Signature ////	1 Milli	Date	4-19	7-/2	;						
	THIS SPACE FOI	R FEDERAL OR	STATE OFFICE	USE							

Approved by	/		Title		Date						
Conditions of approval, if any, are certify that the applicant holds leg	al or equitable title to those righ		Office								
which would entitle the applicant	to conduct operations thereon		<u> </u>								

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

