submitted in lieu of Form 3160-5

UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Title Regulatory Specialist Date 11/2/05 600000000000000000000000000000000000	Type of Well GAS OTO FACTOR AND STATEMENT OF TRIDE Name To Unit Agreement Name San Juan 32-9 Unit S. Well Name & Number San Juan 32-9 Unit 1 8. Well Name & Number San Juan 32-9 Unit 1 8. Well Name & Number San Juan 32-9 Unit 1 8. Well Name & Number San Juan 32-9 Unit 1 8. Well Name & Number San Juan 32-9 Unit 1 8. Well Name & Number San Juan 32-9 Unit 1 8. Well Name & Number San Juan 32-9 Unit 1 8. Well Name & Number San Juan 32-9 Unit 1 8. Well Name & Number San Juan 32-9 Unit 1 8. Well Name & Number San Juan San J		Sundry No	tices and Repor	rts on Well	Ls Ļ		
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