Form 3160-5 (August 1999)

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

## SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

abandoned well. Use Form 3160-3 (APD) for such proposals 2

FORM APPROVED Budget Bureau No. 1004-0135

If Unit or CA/Agreement, Name and/or No.

|    | Expire | es: No | vember | 30, |
|----|--------|--------|--------|-----|
| 5. | Lease  | Serial | No.    |     |

| NM - 0560223                     |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|
| If Indian, Allottee or Tribe Nam |  |  |  |  |  |  |  |

| 01   | ANTEN SANTES              | are - Omer insuler     | Ri                                    | ECEIVED           |   |  |  |  |
|--|---------------------------|------------------------|---------------------------------------|-------------------|---|--|--|--|
| 1. Type of Well  |                           |                        | 070 FA                                | RMINGTON          | 8. Well Name and No.                          |  |  |  |
| Oil Well   | ☑ Gas Well                | ☐ Other                |                                       |                   | CATS CLAW #1                                  |  |  |  |
| 2. Name of Operator<br>THOMPSON ENGIN  | NEERING & PRO             | DUCTION CORI           | )                                     |                   | 9. API Well No.<br>30-045-31429               |  |  |  |
| 3a. Address  | VEERING & I RO            |                        | one No. (include area co              | de)               | 10. Field and Pool, or Exploratory Area       |  |  |  |
| 7415 East Main St. Fa  | armington, NM 87          |                        | 05) 327-4892                          |                   | BASIN FRUITLAND COAL                          |  |  |  |
| 4. Location of Well (Footage   | e, Sec., T., R., M., or S | Survey Description)    |                                       |                   | 11. County or Parish, State                   |  |  |  |
| 1846' FNL & 1155' FV   | WL SEC 29, T26            | N, R12W                |                                       |                   | SAN JUAN COUNTY, NM                           |  |  |  |
|  |                           |                        |                                       | ÷                 |   |  |  |  |
| 12. CI   | HECK APPROPR              | IATE BOX(ES) T         | O INDICATE NAT                        | URE OF NOT        | TICE, REPORT, OR OTHER DATA                   |  |  |  |
| TYPE OF SUBMISSION   |                           |                        | ТҮРЕ (                                | TYPE OF ACTION    |   |  |  |  |
| ☑ Notice of Intent   | ☐ Acid                    |                        | ☐ Deepen                              |                   | ction (Start/Resume)                          |  |  |  |
|  |                           | r Casing               | Fracture Treat                        | =                 | mation  |  |  |  |
| ☐ Subsequent Report  |                           | ng Repair<br>nge Plans | ☐ New Construction                    |                   | mplete  |  |  |  |
| Final Abandonment Not  | l                         | vert to Injection      | ☐ Plug and Abandon☐ Plug Back         | -                 | orarily Abandon Disposal                      |  |  |  |
|  |                           | <del></del>            | · · · · · · · · · · · · · · · · · · · | <del></del>       | oposed work and approximate duration thereof. |  |  |  |
| 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.)  To comply to NMOCD nomenclature this well needs to be renamed.  Old Name: CATS CLAW #1 |                           |                        |                                       |                   |   |  |  |  |
| New Name: TOE #  |                           |                        |                                       | 0                 |   |  |  |  |
| <ol> <li>I hereby certify that the formal Name (Printed/Typed)</li> </ol>  | oregoing is true and co   | rrect                  | I                                     |                   |   |  |  |  |
| Paul C. Thompson,  | P.E.                      |                        | Title                                 | Age               | nt  |  |  |  |
| Signature Paul   | 6. Thom                   | a/                     | Date                                  | A <del>pr</del> i | 128,2003 7/28/05                              |  |  |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE   |                           |                        |                                       |                   |   |  |  |  |
| Approved by  |                           |                        | Title                                 |                   | ACCEPTED FOR RECORD                           |  |  |  |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or  |                           |                        | ant or                                | •                 |   |  |  |  |
| certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operation thereon.   |                           |                        | lease Office                          |                   | AUG 0 2 <b>2005</b>                           |  |  |  |
| Title 18 U.C.S. Section 1001 and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make any department or agency of the United  |                           |                        |                                       |                   |   |  |  |  |
| States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.   |                           |                        |                                       |                   |   |  |  |  |
|  |                           |                        |                                       |                   | BY  |  |  |  |