Form 3160-5 (August 2007)	UNITED STA DEPARTMENT OF TH BUREAU OF LAND M	HE INTERIOR		OMB I Expires	I APPROVED No. 1004-0137 :: July 31, 2010
				5. Lease Serial No.	SF-077875
Do not us	NDRY NOTICES AND RE this form for proposa well. Use Form 3160-3	Is to drill or to re-ent		6. If Indian, Allottee or Tribe ECEIVED	
S	UBMIT IN TRIPLICATE - Other	instructions on page 2.	AI	7. If Unit of CA/Agreement, 1	Name and/or No.
1. Type of Well					
Oil Well	X Gas Well Oth	er	Farmi	8, Well Name and No. gton Field Office	Rowley 3
2. Name of Operator			Bureau o	gton Field Office 2 and Will Nagement 30-	
	gton Resources Oil & G			30-	045-06647
3a. Address PO Box 4289, Farming		3b. Phone No. (include an (505) 326-9			I Fulcher Kutz PC
4. Location of Well (Footage, Sec., T., Surface Unit I (	R.,M., or Survey Description) NESE), 1650' FSL & 800'	' FEL, Sec. 7, T27N, R	10W	11. Country or Parish, State San Juan	, New Mexico
12. CHECK	THE APPROPRIATE BOX(	ES) TO INDICATE NATL	RE OF NO	TICE, REPORT OR OTH	HER DATA
TYPE OF SUBMISSION			PE OF AC		
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	XI	Production (Start/Resume) Reclamation	Water Shut-Off Well Integrity
X Subsequent Report	Casing Repair	New Construction		Recomplete	X Other
Final Abandonment Notice	Change Plans	Plug and Abandon Plug Back		Temporarily Abandon Water Disposal	P&A Corrective Reclamation
completed on 3/23/12.	P&A'd on 7/6/11 and Bur	-	•		
					c'd and reseeded on
		OIL CON		MP	c'd and reseeded on
			S. DIV DI 05 201	MP	c'd and reseeded on
14. I hereby certify that the foregoing	is true and correct. Name (Printed)	DEC		MP	c'd and reseeded on
14. I hereby certify that the foregoing Dollie L. Busse	is true and correct. Name (Printed	DEC (Typed)	0 5 201	MP	c'd and reseeded on
	J Busse	DEC (Typed) Title St Date	0 5 201 aff Regula + / 24	6 API	c'd and reseeded on
Dollie L. Busse	J Busse	DEC (Typed) Title St	0 5 201 aff Regula + / 24	6 API	c'd and reseeded on
Dollie L. Busse	H Busse THIS SPACE	Title St Date	0 5 201 aff Regula + / 24	6 API	c'd and reseeded on PROVED Date
Dollie L. Busse Signature	THIS SPACE THIS SPACE	Title St Date	aff Regula Aff Regula TATE OF Title Office	6 tory Technician 1.5 FICE USE	PROVED
Dollie L. Busse Signature	THIS SPACE THIS SPACE	Title St Date FOR FEDERAL OR S	aff Regula Aff Regula TATE OF Title Office y and willfully	6 tory Technician 1.5 FICE USE	PROVED

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Corrective Reclamation Form:	
Date: 3/25/15	
Well Name: Rowley # 3	
Footages: 1650 FSL + 800 FEL U	nit Letter: $\underline{\mathcal{I}}$
Section:, TN, RW, County:	State:
Reclamation Contractor: <u>N/A</u>	
Reclamation Start Date: N/A	
Reclamation Complete Date: N/A	
Road Completion Date: <u>N/A</u>	
Seeding Date: 3/20/15 - NRE	
**PIT MARKER STATUS (When Required): Picture of Ma	arker s <mark>et</mark> needed
MARKER PLACED: N/A	(DATI
LATITUDE: N/A	
LONGITUDE: N/A	
Pit Manifold removed N/A	(DA1
	Date: 3/25/15
Construction Inspector: JARED CHAVEZ	7 7

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**Re-Contour Location Plan** Draffed by COP Rep: JARES CHAVE? Well Name: Row Approved by BLM FFO Rep: North Arrow Date: 1 Site Diagram: Corrective Reclanction Po-A \* MARKER-VEGETATION GROWENS VER P **Re-Contour Details:** REP, DISC, & RESEED LOCATION & ACCESS RD 1 DAY

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