## submitted in lieu of Form 3160-5

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

## **BUREAU OF LAND MANAGEMENT**

|   | Sundry Notices and Reports or  | n Wells  |                              | r   |
|---|--|--|------------------------------|---|
|   |  | 2007 AUG 3 AM 7 40   |                              | T. and Number   |
| 1.  | Type of Well<br>GAS  | RECEIVED<br>070 FARMINGTON NM  |                              | Lease Number<br>NMNM-020504<br>If Indian, All. or<br>Tribe Name |
| 2.  | Name of Operator BURLINGTON  | • • •  | 7.                           | Unit Agreement Name   |
| 3.  | Address & Phone No. of Operator  | AS COMPANY LP  | 8.                           | Well Name & Number<br>Cooper 7S                                 |
|   | PO Box 4289, Farmington, NM 874  | 99 (505) 326-9700  | 9.                           | API Well No.  |
| 4.  | Location of Well, Footage, Sec., T, R, M   |  | 10.                          | 30-045-34237 Field and Pool                                     |
| Unit A (NENE), 735' FNL & 955' FEL, Section 6, T29N, R11W, NMPM |  |  |                              | Basin Fruitland Coal<br>County and State<br>San Juan Co., NM    |
| 12.   | Type of Submission Type of Administration Administr | INDICATE NATURE OF NOTICE, REction  Andonment Change of Plans Recompletion New Construction Plugging Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection | EPORT, OTHER  X Other – Spud |   |
| <del></del> 13.   | Describe Proposed or Completed O   | perations  |                              |   |
| 8/1/<br>Cas   | 707 MIRU MOTE 211. Spud 8-3/4" suring set @ 133'. RU to cement. Pumpe  | rface hole on 8/1/07. Drilled ahead to 136'. d pre-flush 5bbls H2O. Pumped 34 sx(55cf Circ. 2 bbls cement to surface. WOC. RD,   | -10bbls) Type I-II           | Cement w/20% Fly-Ash.   |
|   | will be conducted by the drilling rig at D/ROW   | nd results shown on next report.   |                              | RCVD AUG 7'07<br>OIL CONS. DIV.                                 |
| 14.   | I hereby certify that the foregoing i  | s true and correct.  |                              | DIST. 3   |
|   | ned Mary Menwe   |  | gulatory Technicia           |   |
| API   | is space for Federal or State Office use<br>PROVED BY  | Title  |                              | Date  |

**NMOCD** 

ACCEPTED FOR RECORD