## submitted in lieu of Form 3160-5

## UNITED STATES

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

| RCVD OCT 9 '07<br>OIL CONS. DIV. |
|----------------------------------|
| DIST. A                          |

|            | Sundry Notices and Rep  | oorts on Wells   |                    |   |
|------------|---|--|--------------------|---|
| 1.         | Type of Well<br>GAS   | RECEIVED<br>OCT 2 2007   | 5.<br>6.           | Lease Number<br>USA SF-077317<br>If Indian, All. or<br>Tribe Name |
| 2.         | Name of Operator BURLINGTON                                   | bureau of Land Management Farmington Field Office  | 7.                 | Unit Agreement Name   |
|            | RESCURCES OIL & GAS COMPANY LP                                |  | 8.                 | Well Name & Number<br>Cooper 5R<br>API Well No.                   |
| 3.         | Address & Phone No. of Ope                                    | ress & Phone No. of Operator   |                    |   |
|            | PO Box 4289, Farmington, NM 87499 (505) 326-9700              |  | 9.                 |   |
| 4.         | Location of Well, Footage, Sec., T, R, M                      |  |                    | 30-045-34338  |
|            |   | & 895' FWL, Section 6, T29N, R11W, NMPM  | 10.                | Field and Pool<br>Basin Fruitland Coal                            |
|            |   |  | 11.                | County and State<br>San Juan Co., NM                              |
|            |   | Abandonment Change of Plans Recompletion New Construction Plugging Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection                     | X Other - Spud     |   |
| 13.        | Describe Proposed or Comple                                   | eted Operations  | <del></del>        |   |
| set<br>w/. | @ 137'. Pumped in preflush of 3bbls H2O. Circ 1bbl cmt to sur | 34" surface hole @ 08:30am on 9/20/07. Drill al 3bbls mud flush. Pumped in 34sx (54cf – 10bbls face. RD RR @ 15:00hr on 9/20/07. Install well and results reported on next report. | s) Premix w/20% Fl |   |
|            | D/ROW I hereby certify that the foreg                         | oing is true and correct.  |                    |   |
| Sig        | ned Jamasessin  | Tamra Sessions Title Regu  | latory Technician  | Date 10/1/2007 .  |
| ÀΡ         | his space for Federal or State Off<br>PROVED BY               | Title  |                    | Date  |
| Title      |   | uny:  on knowingly and willfully to make any department or agency of its or representations as to any matter within its jurisdiction   | ACCEPT             | TO FOR FEWER  |
|            |   |  | 00                 | 7 0 5 2007  |
|            |   |  | <b>→ 1</b> #       |   |