. submitted in lieu of Form 3160-5 UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT Sundry Notices and Reports on Wells Lease Number SF076566 070 Tammedone MWIF Indian, All. or 1. Type of Well GAS Tribe Name Unit Agreement Name 2. Name of Operator OIL & GAS COMPANY Well Name & Number 3. Address & Phone No. of Operator Huerfano Unit 24R PO Box 4289, Farmington, NM 87499 (505) 326-9700 API Well No. 9. 30-045-29578 4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool 820'FSL,815'FWL, Sec.29, T-27-N, R-10-W, NMPM Kutz West PC 11. County and State San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action \_\_\_ Change of Plans \_\_\_ Abandonment \_X\_ Notice of Intent Recompletion New Construction \_\_\_\_Non-Routine Fracturing Subsequent Report \_\_ Plugging Back Casing Repair Water Shut off
Altering Casing Conversion to Injection Final Abandonment X Other Tubing Repair 13. Describe Proposed or Completed Operations 10/10/03 MIRU. Spot in pmp & Pit. Blow tank & accumulator. SDFN.

10/11/03 NU BOP and accumulator. Latch on to the and pull joint of the. Change out. Run slickline with tbg gauge ring to seating nipple and back out of hole. Land 1 1/2" tbg. ND BOP, NU WH. Rig down.



14. I hereby certify that the foregoing is signed hances Band. Title	true and correct.  Regulatory Assistant Date 10/27/03 fsb
(This space for Federal or State Office use)	
APPROVED BY <u>Original Signed: Stephen Mason</u> Title CONDITION OF APPROVAL, if any: Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly an United States any false, fictitious or fraudulent statements or representations.	Date OCT 3 1 2003  d willfully to make to any department or agency of the tions as to any matter within its jurisdiction.
NMOCD	