

Form 3160-5 (February 2005)

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

FORM APPROVED OMB No. 1004-0137 Expires: March 31, 2007

Do not use this abandoned well	NOTICES AND REPORTS ON WEL s form for proposals to drill or to re l. Use Form 3160-3 (APD) for such p BMIT IN TRIPLICATE – Other instructions on p	-enter an proposals.		No.  Notice or Tribe Name  A/Agreement, Name and/or No:
L. Type of Well	BMIT IN TRIPLICATE - Other instructions on p	page 2.	Rosa Unit	
	Gas Well Other		Rosa Unit #	160
Name of Operator     Williams Production Companies			9. API Well No 30-039-2589	90
3a. Address PO Box 640 Aztec, NN		ea code)	Picture Cliffs	ool or Exploratory Area
4. Location of Well (Footage, Se 2180° FSL & 1485° FEL, sc 5,	za., T.R.M., or Survey Description) T31N, R5W		11. Country or Rio Arriba, NI	
2505 740E	THE APPROPRIATE BOX(ES) TO INDICATE I	NATURE OF NOTICE, F	REPORT OR OT	HER DATA
TYPE OF SUBMISSION		TYPE OF ACTION		<u> </u>
Notice of Intent  Subsequent Report	Acidize Deepen  Alter Casing Fracture Treat  Casing Repair New Construction  Change Plans Plug and Abandon	Production (Sta Reclamation Recomplete Temporarily At		Water Shut-Off Well Integrity Other /
Final Abandonment Notice	Convert to Plug Back	Water Disposal	·	
duration thereof. If the prop all pertinent markers and zo subsequent reports must be recompletion in a new inter- requirements, including recl	eted Operation: Clearly state all pertinent details, in osal is to deepen directionally or recomplete horizones. Attach the Bond under which the work will be filed within 30 days following completion of the inval, a Form 3160-4 must be filed once testing has be amation, have been completed and the operator has tive for a period greater than 90 days, the	ntally, give subsurface loc performed or provide the volved operations: If the o een completed, Final Abar determined that the site is	ations and measu Bond No. on file peration results i idoninent Notice a ready for final i	ared and true vertical depths of with BLM/BIA. Required n a multiple completion or s must be filed only after all inspection.)

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Ben Mitchell	Title Regulatory Specialist	
Signature Bon Mehl	Date 3/4/2011	e. 2015. 2015.
THIS SPACE FOR FE	DERAL OR STATE OFFIC	E USE
Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not certify that the applicant holds legal or equitable title to those rights in the su which would entitle the applicant to conduct operations thereon.		

(Instructions on page 2)

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