Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEIVED BLM

| | FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996 |
|----|---|
| 5. | Lease Serial No. |
| | NMSF-079116 |

SUNDRY NOTICES AND REPORTS ON WELLS 7 27

| Do not use th abandoned we | is form for proposals to ell. Use Form 3160-3 (AF | o arill or to re-enter PD) for such propos | als. | 6. If Indi | an, Allottee or Tribe Name | |
|---|---|---|----------------------|----------------------|--|--|
| SUBMIT IN TR | IPLICATE - Other insti | ructions on revers | se side | 7. If Uni | t or CA/Agreement, Name and/or No. | |
| | | | BARUS. | VIEL D | | |
| 1. Type of Well | | | 50EII | Well I | Name and No. | |
| ☐ Oil Well ☐ Gas Well ☐ Other | | | 11111 | | cock #2 | |
| 2. Name of Operator | TIDAT GAG GODD | | JUN 2 2 19 | 100 — | Vell No. | |
| LOUIS DREYFUS NAT | | 3b. Phone Nonthe | ide area-rode) | 30- | 045-06652 | |
| 3a. Address 14000 Quail | Springs Parkway | | 55000 | <u> </u> | and Pool, or Exploratory Area | |
| Suite 600, Oklaho 4. Location of Well (Footage, Sec. | T. P. M. or Survey Description | | DIST. 3 | | tured Cliffs, W. Kutz | |
| 1650' FSL & 1650' | | ,,,, | D1010 6) | | y or Parish, State | |
| SW NE SW Sec. 12- | 27N_12U | | | | | |
| SW NE SW Sec. 12- | Z/N-12W \ | | | San | Juan Co., NM | |
| 12. CHECK AP | PROPRIATE BOX(ES) T | O INDICATE NAT | URE OF NOTIC | CE, REPORT, O | OR OTHER DATA | |
| TYPE OF SUBMISSION | | - | TYPE OF ACTION | 1 | | |
| | Acidize | Deepen | Production | (Start/Resume) | ☐ Water Shut-Off | |
| Notice of Intent | Alter Casing | Fracture Treat | Reclamation | | ☐ Well Integrity | |
| Subsequent Report | Casing Repair | New Construction | Recomplet | te. | Other | |
| 3uosequent report | Change Plans | Plug and Abandor | _ | ly Abandon | | |
| Final Abandonment Notice | Convert to Injection | Plug Back | Water Dis | | | |
| | | | | · | work and approximate duration thereof. | |
| he conceled Ioui | s Dreyfus intends dure is currently | to recomplete being prepare | e the well : | in the Pic | to abandon dated 4/22/98 tured Cliffs pool. A ent to Recomplete will | |
| 14. I hereby certify that the foregoin | g is true and correct | Title | | | | |
| Name (Printed/Typed) | i | Regulatory Technician | | | | |
| Terrye D. Bryant | | Date | | | | |
| Signature 1 | Syank | 6/1 | 6/99 | | | |
| 1 | THIS SPACE | FOR FEDERAL OR | STATE OFFICE | USE | | |
| Approved by | | | Title | | Date | |
| Conditions of approval, if any, are a certify that the applicant holds lega which would entitle the applicant to compare | or equitable title to those riginal conduct operations thereon. | its in the subject lease | Office | | DEFYEO FOR RECORD | |
| Title 18 U.S.C. Section 1001, make fraudulent statements or representation | s it a crime for any person knoons as to any matter within its ju | wingly and willfully to mrisdiction. | nake to any departme | ent or agency of the | ne United States any 1999 fictitious or | |

MMOCD

FARMING ON TIELD OFFICE BY SNIM