Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000

| | 7718192 | 22 | 5. Lease Ser | ial No. |
|---|--|--|--|--|
| SUNDRY NOTICES AND REPORTS ON WELCE | | | NMSF - 078872A | |
| Do not use this form for proposals to drill or to re-pater an | | | 6. If Indian, Allottee or Tribe Name | |
| n 3160-3 (APD) for | such proposablul 200 | n S | Navaio | |
| | | 0 8 | | CA/Agreement, Name and/or N |
| Other instructions | O DIST : | r Z | 7. 17 Ollik or | MAGICETTER, Name and/or iv |
| | 6 | | 8 Well Name | and No |
| | - P. S. A. C. T. | A CONTRACTOR | Bolack 9 | No. 2 |
| | W.E.U. | عن | 0 10111111 | |
| | 3b. Phone No. (include area | code) | 1 | |
| 3a. Address PO Box 2490 Hobbs, NM 88240 3b. Phone No. (include area code) 505 / 393-7106 | | | 10. Field and Pool, or Exploratory Area | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | Basin Fruitland Coal | | |
| | | | 11. 6 | - Davide Cases |
| | | | 1 | |
| | | | | NM NM |
| BOX(ES) TO IND | DICATE NATURE OF NO | OTICE, REP | ORT, OR OT | HER DATA |
| TYPE OF ACTION | | | | |
| Acidize | Deepen | Production | (Start/Resume) | Water Shut-Off |
| Alter Casing | Fracture Treat | Reclamation | on | Well Integrity |
| Casing Renair | New Construction | Recomple | te | Other |
| = | Plug and Abandon | X Temporari | ly Abandon | |
| | | Water Dis | nosal | |
| | | | | |
| lete horizontally, give s formed or provide the f the operation results i lotices shall be filed on tion.) g extension of evaluating thei | ubsurface locations and measured bond No. on file with BLM/B na multiple completion or receiply after all requirements, inch. Long Term TA Status | red and true verified. Required sompletion in a siding reclamation of this we | rtical depths of a subsequent repor- new interval, a F on, have been co | an pertinent markers and zones, tris shall be filed within 30 days, form 3160-4 shall be filed once ompleted, and the operator has all has deepening |
| yproval e | XPIRES NOV 0 | 1 2001 | | |
| | Description) BOX(ES) TO IND Acidize Alter Casing Casing Repair Change Plans Convert to Injection state all pertinent deta lete horizontally, give so formed or provide the formed or provide the state of the operation results in lotices shall be filed on tion.) g extension of evaluating their year. | Distributions on Secretary 200 Ther instructions on Secretary 200 There instruction on Secretary 200 There instructions on Secretary 200 There in the Secretary 200 There is a secretary 200 The | 3b. Phone No. (include area code) 505 / 393-7106 Description) BOX(ES) TO INDICATE NATURE OF NOTICE, REP TYPE OF ACTION Acidize Deepen Production Alter Casing Fracture Treat Reclamatic Casing Repair New Construction Recomple Change Plans Plug and Abandon X Temporari Convert to Injection Plug Back Water Dispersion of Long Term TA Status of this we evaluating their properties in the San Juan for the San J | Description) Solution So |

| 14. I hereby certify that the foregoing is true and correct Name (Printed Typed) Kelly Cook | Title Admin. Assistan | t | |
|--|--|--------------|--|
| | Date June 30, 2001 | | |
| THIS SPACE FO | R FEDERAL OR STATE OFFICE USE | | |
| Approved by | Title | Date 7/17/01 | |
| Conditions of approval, if any, are attached. Approval of this notice do certify that the applicant holds legal or equitable title to those rights in which would entitle the applicant to conduct operations thereon. | es not warrant or Office the subject lease | | |

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.