

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or re-enter an  
abandoned well. Use form 3160-3 (APD) for such proposals

5. Lease Serial No.

I-149-IND-8466

6. If Indian, Allottee or Tribe Name

Navajo Allottee

7. If Unit or CA, Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE**

1. Type of Well: ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator

Four Star Oil and Gas Co.

3. Address

3300 N. Butler Ave, Ste10 Farmington NM 87401

3b. Phone No.(include area code)

325-4397

8. Well Name and No.

JOHN CHARLES

6C

9. API Well No.

30-045-30604

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter G 1970 Feet From The NORTH Line and 2450 Feet From The

EAST Line Section 13 Township 27N Range 9W Meridian: NMPM

10. Field and Pool, or Exploratory Area

BLANCO MESA VERDE

11. County or Parish, State

SAN JUAN, NM

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off    |
| <input type="checkbox"/> Altering Casing      | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity    |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> OTHER: |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       | casing/cement                              |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            |  |

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measurements and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operations results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Four Star Oil and Gas Co. has completed the following in the subject well.

9/03/01 Ran 108 joints 4-1/2" J-55 11.6# LT&C casing to 4,540' Pumped 955 sacks LITECRETE cement, circulated 33 bbls cement to surface. Pressure test to 1000psi.

14. I hereby certify that the foregoing is true and correct

Name (Printed, Typed)  
Arthur D. Archibeque

TITLE Eng. Assistant

SIGNATURE

*Arthur D. Archibeque*

DATE

9/4/01

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

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.

NMCCG

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