

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

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

5. Lease Serial No.  
NMSF-078094 ✓  
6. If Indian, Allottee or Tribe Name  
NA

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

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

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.  
FULLERTON FED.27-11 #14 ✓

2. Name of Operator  
MARKWEST RESOURCES, INC

Contact: CINDY BUSH  
E-Mail: cbush@markwest.com

9. API Well No.  
30-045-30825 ✓

3a. Address  
155 INVERNESS DRIVE WEST, SUITE 200  
ENGLEWOOD, CO 80112

3b. Phone No. (include area code)  
Ph: 303.925.9283  
Fx: 303.290.9309

10. Field and Pool, or Exploratory  
KUTZ PC WEST ✓

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 14 T27N R11W SWSW 1025FSL 685FWL ✓

11. County or Parish, and State  
SAN JUAN COUNTY, NM ✓

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<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	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (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 measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat 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.)

May 16,2002 with tbg and csg pressure equal to 75 psig, after a Bottom Hole Dipin test @2034' of 111 psig. Waiting on Pipeline.

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

**Electronic Submission #11824 verified by the BLM Well Information System  
For MARKWEST RESOURCES, INC, sent to the Farmington  
Committed to AFMSS for processing by Matthew Halbert on 07/01/2002 ( )**

Name (Printed/Typed) CINDY BUSH

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 06/27/2002

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

Title

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 (2)2, make 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.

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