submitted in lieu of Form 3160-5

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DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| Name of Operator RESOURCES OIL & GAS COMPANY OIL | Λ | | | |
|--|---------------------------------|---|--------------------|--|
| Tribe of Well GAS DECEMORY Tribe Name III Indian, All Tribe Name III OCT - 4 1933 To Interest Of Company Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 Location of Well, Footage, Sec., T, R, M 10. Field and Footage of 1450'FSL, 900'FEL, Sec.19, T-31-N, R-8-W, NMPM 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission X Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Final Abandonment Altering Casing Conversion to Injection X Other 3. Describe Proposed or Completed Operations It is intended to maintain the subject well as a pressure observation well. THE APPROVAL EXPIRES OCT 01 2007 THE APPROVAL EXPIRES OCT 01 2007 THE APPROVAL EXPIRES OCT 01 2007 | Sundry Noti | ces and Reports | Men 58 611 1:12 | |
| Name of Operator RESOURCES OIL & GAS COMPANY OIL & GAS COMPANY Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 Location of Well, Footage, Sec., T, R, M 10. Field and Pool Basin Fruitla 11. County and St San Juan Co, 1450'FSL, 900'FEL, Sec.19, T-31-N, R-8-W, NMPM 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Abandonment Recompletion Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X Other 3. Describe Proposed or Completed Operations It is intended to maintain the subject well as a pressure observation well. THES APPROVAL EXPIRES OCT 01 2004 THES APPROVAL EXPIRES OCT 01 2004 Annual Conversion Title Regulatory Administrator Date 9/27/99 | Type of Well | 070 | FILL ROTON, NIS | |
| Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 Location of Well, Footage, Sec., T, R, M 10. Field and Poo Basin Fruitla 11. County and St San Juan Co, 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action X Notice of Intent Box To Indicate Nature of Notice, REPORT, OTHER DATA Type of Submission Type of Action New Construction Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Non-Routine Fracturing Water Shut off Altering Casing Conversion to Injection X Other 3. Describe Proposed or Completed Operations This Approval Expires OCT 01 2004 This Approval Expires OCT 01 2004 | | [D] | 尼 (1000.7 | Unit Agreement Name |
| PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. API Well No. 30-045-26820 1. Location of Well, Footage, Sec., T, R, M 10. Field and Pootage, Sec., T, R, M 11. County and St San Juan Co, 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission X. Notice of Intent Basin Fruitla Recompletion New Construction New Construction Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X. Other 3. Describe Proposed or Completed Operations This Approval Expires OCT 01 2004 This Approval Expires OCT 01 2004 This Approval Expires OCT 01 2004 | . Name of Operator | U | 1 OCI - 4 1933 | _ |
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| PO Box 4289, Farmington, NM 87499 (505) 326-9700 1. Location of Well, Footage, Sec., T, R, M 10. Field and Pool Basin Fruitla 11. County and St San Juan Co, 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission _X Notice of Intent _ Recompletion _ Subsequent Report _ Plugging Back _ Recompletion _ Subsequent Report _ Casing Repair _ Final Abandonment _ Change of Plans _ Recompletion _ New Construction _ Non-Routine Fracturing _ Casing Repair _ Water Shut off _ Conversion to Injection _ X Other - 3. Describe Proposed or Completed Operations (It is intended to maintain the subject well as a pressure observation well. This Approval Expires OCT 01 2004 Attach (Is y books put in Juan a normal character) This Approval Expires OCT 01 2004 | . Address & Phone No. of Operat | or | | Quinn POW #2 |
| 1450'FSL, 900'FEL, Sec.19, T-31-N, R-8-W, NMPM Basin Fruitla | PO Box 4289, Farmington, NM | 87499 (505) 326-93 | '00 9 | . API Well No. |
| 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission X Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Attering Casing Conversion to Injection X Other 3. Describe Proposed or Completed Operations This intended to maintain the subject well as a pressure observation well. This APPROVAL EXPIRES OCT 01 2004 | <u> </u> | · · · · · | 1 | |
| Type of Submission X Notice of Intent Abandonment Recompletion New Construction Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X Other Conversion to Injection X Other This Approval Expires OCT 01 2004 Thereby certify that the foregoing is true and correct. Signed Analysis of Title Regulatory Administrator Date 9/27/99 | _ | 31-N, R-8-W, NMPM | 1 | Basin Fruitland Co. 1. County and State San Juan Co, NM |
| It is intended to maintain the subject well as a pressure observation well. The form the cond show books put indicate a norm than the subject well as a pressure observation well. This APPROVAL EXPIRES OCT 01 2004 It is intended to maintain the subject well as a pressure observation well. | | Plugging Back Casing Repair Altering Casi | Non-Routin | ne Fracturing t off |
| 3.4. I hereby certify that the foregoing is true and correct. Signed Dancy Oltmanns for Title Regulatory Administrator Date 9/27/99 | It is intended to maintain | n the subject well | None as | SU.NN #10 |
| Signed Vancy Oltmanns for Title Regulatory Administrator Date 9/27/99 | | | | |
| Signed \ \ \angle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | |
| Signed Vancy Oltmanns for Title Regulatory Administrator Date 9/27/99 | 14. I hereby certify that the | foregoing is true | and correct. | <u> </u> |
| | | | y AdministratorTRC | Date 9/27/99 |
| (This space for Federal or State Office use) APPROVED BY | APPROVED BY M. Loursen | Title A. | T. L. Date | 9/30/99 |

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

| Sundry Notices and Reports of | n Wells | The state of the s | . A STORY |
|---|-------------------------|--|---|
| 1. Type of Well GAS | | 5. | Lease Number SF-078511 If Indian, All. or Tribe Name Unit Agreement Name |
| 2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY | | | |
| 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326- 4. Location of Well, Footage, Sec., T, R, M 1450'FSL, 900'FEL, Sec.19, T-31-N, R-8-W, NMPN | <u></u> | | Well Name & Number Quinn POW #2 API Well No. 30-045-26820 Field and Pool Basin Fruitland Coal County and State San Juan Co, NM |
| _X_ Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Casing Repair | of Action Chan New Non- | ge of Pl Construc Routine r Shut o | ans tion Fracturing ff |
| 13. Describe Proposed or Completed Operations It is intended to maintain the subject well The Approval. | · | | |
| Signed Concerns for Title Regulat (This space for Federal or State Office use) APPROVED BY VALUE TO STATE TITLE CONDITION OF APPROVAL, if any: | ory Administr | rator Dat | e 9/27/99 |

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