Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED		
Budget Bureau No. 1004-0135		
Expires	Novembe	r 30, 2000

5. Lease Serial No.

<u> 142</u>	06	04	79

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals		6. If Indian, Allottee or Tribe Name
abandoned Well. Use Form	13160-3 (APD) for such proposals	Ute Mountain Ute Indian Trib
SUBMIT IN TRIPLICATE -	Other instructions on reverse side	7. If Unit or CA/Agreement, Name and/or No
1. Type of Well Oil X Gas Well Other 2. Name of Operator Cross Timbers Operating Company 3a. Address 2700 Farmington Ave., Bldg. K. Ste	Sh. Phone No. (include area code) 1 Farmington, NM 87401505-324-1090	8. Well Name and No. UTE MOUNTAIN TRIBAL D #7 9. API Well No. 30-045-21105 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Descrip 1850'FSL, 1850'FWL SEC10, T31N, R14W	tion)	11. County or Parish, State SAN JUAN NM
12. CHECK APPROPRIA	ATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTIO	N
X Notice of Intent Subsequent Report Final Abandonment Notice	Alter Casing Fracture Treat Reclama Casing Repair New Construction Recomp	olete X Other Semi- arily Abandon Annual Calibration
Attach the Bond under which the work will be perficultive following completion of the involved operations. If testing has been completed. Final Abandonment No determined that the final site is ready for final inspection.	y state all pertinent details, including estimated starting date of any ete horizontally, give subsurface locations and measured and true veormed or provide the Bond No. on file with BLM/BIA. Required the operation results in a multiple completion or recompletion in a state shall be filed only after all requirements, including reclamation) to calibrate this well on a semi-annual based on the state of the semi-annual based on the semi-annual	ortical depths of all pertinent markers and zones, subsequent reports shall be filed within 30 days new interval, a Form 3160-4 shall be filed once on, have been completed, and the operator has



14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	Title			
Cheryl A. Moore	Production Analyst			
Cheryl a Moore	Date 12/29/00			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
Conditions of approval, if any, are attached. Approval of the honce loes not warrant certify that the applicant holds level or equitable title to the honce loes not warrant certify that the applicant holds level or equitable title to the honce loes not warrant certify that the applicant holds level or equitable title to the honce loes not warrant certify that the applicant holds level or equitable title to the honce loes not warrant certify that the applicant holds level or equitable title to the honce loes not warrant certify.	INERALS STAFF CHIEF FEB 2 7 2001			
conditions of approval, if any, are attached. Approval of this hodge does not warrancertify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations thereon.	nt or Office lease			

Title 18 U.S.C. Section 1001, 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.