

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. SF 080565-A
2. Name of Operator BEARTOOTH OIL & GAS COMPANY	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. BOX 2564, BILLINGS MT 59103 (406) 259-2451	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage Sec., T., R., M., or Survey Description) 1100' FNL, 875' FWL SW SW Sec 6-T25N-R3W	8. Well Name and No. MINEL FEDERAL 3-A
	9. API Well No. 30-039-22858
	10. Field and Pool, or Exploratory Area BASIN MESAVERDE
	11. County or Parish, State RIO ARriba NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other RESUME PRODUCTION	<input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

WELL RESUMED PRODUCTION 11/01/95 AFTER A LENGTHY SHUT-IN PERIOD.

RECEIVED  
DEC - 1 1995  
OIL CON. DIV.  
DIST. 3

14. I hereby certify that the foregoing is true and correct		
Signed <u>Bobbie Ostwald</u>	Title <u>BOBBIE OSTWALD, PRODUCTION</u>	Date <u>11/06/95</u>
(This space for Federal or State office use)		
Approved by <u>Robert Kent</u>	Title <u>Chief, Lands and Mineral Resources</u>	Date <u>NOV 30 1995</u>
Conditions of approval, if any:		

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.

\*See Instruction on Reverse Side