## State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division

|  | Sundry Notices and Reports on Wells |                                 |                                   |   |  |
|--|-------------------------------------|---------------------------------|-----------------------------------|---|--|
| GAS  5. Lease Number Fee 6. State Oil&Gas Lease 6. 6. State Oil&Gas Lease 7. Lease Name/Unit Name EESOURCES 7. Lease Name/Unit Name EESOURCES 7. Lease Name/Unit Name 82500 8. Well No. 4117  3. Address & Phone No. of Operator 8. Well No. 4117  FO Box 4289, Farmington, NM 87499 (505) 326-9700 9. Pool Name or Wildcat Blanco MV/Basin DK 10. Elevation: No. 70 800'FRL, 800'FEL, Sec.22, T-27-N, R-5-W, NMPM, Rio Arriba County, NM 10. Elevation: No. 70 800'FNL, 800'FEL, Sec.22, T-27-N, R-5-W, NMPM, Rio Arriba County, NM 10. Subsequent Report Abandonment Change of Plans Recompletion Non-Routine Fracturing Casing Repair Water Shut off Conversion to Injection 1. Altering Casing Conversion to Injection 1. Describe Proposed or Completed Operations 1. Describe Proposed or Completed Operations 1. Altering Casing Conversion to Injection 1. Subsequent Report Payadd work on this well. Please provide surface stipulations.  13. Describe Proposed or Completed Operations 1. Altering Casing Conversion to Injection 1. Altering Casing Conversion 1. Altering Casing Conversion to Injection 1. Altering Casing Conversion to Injection 1. Altering Casing Conversion to Injection 1. Altering Casing Conversion 1. Altering Casing Casing Casing Casing Casing C |                                     |                                 | API                               | # (assigned by OCD)                     |  |
| GAS  Fee 6. State OilsGas Lease 2. Name of Operator  RESSERCES OIL & GAS COMPANY  San Juan 27-5 Unit 8. Well No. #117  3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T, R, M 800'FML, 800'FEL, Sec.22, T-27-N, R-5-W, NMPM, Rio Arriba County, NM  Type of Submission  Type of Submission  Abandonment Recompletion Subsequent Report Plugging Back Prinal Abandonment Altering Casing Conversion to Injection  Type of Action Casing Repair Water Shut off Altering Casing Conversion to Injection Tother - Payadd  13. Describe Proposed or Completed Operations  It is intended to perform payadd work on this well. Please provide surface stipulations.  SIGNATURE  Regulatory Administrator January 25, 2000  (This space for State Use)  |                                     |                                 | 30-                               | 039-20221                               |  |
| 6. State Oil&Gas Lease  2. Name of Operator  RESOURCES  OIL & GAS COMPANY  3. Address & Phone No. of Operator  PO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T, R, M 800'FEL, Sec.22, T-27-N, R-5-W, NMFM, Rio Arriba County, NM  Type of Submission  X Notice of Intent  Recompletion  Subsequent Report  Plugging Back  New Construction  New Construction  New Construction  New Construction  Casing Repair  Water Shut off  Casing Repair  Water Shut off  Conversion to Injection  X Other - Payadd  13. Describe Proposed or Completed Operations  It is intended to perform payadd work on this well. Please provide surface stipulations.  Regulatory Administrator January 25, 2000  (This space for State Use)  |                                     |                                 | 5.                                | Lease Number                            |  |
| 2. Name of Operator  RESOURCES  OIL & GAS COMPANY  San Juan 27-5 Unit  8. Well No. #117  PO Box 4289, Farmington, NM 87499 (505) 326-9700  9. Pool Name or Wildcat Blanco MV/Basin DK  10. Elevation: 800'FNL, 800'FEL, Sec.22, T-27-N, R-5-W, NMPM, Rio Arriba County, NM  Type of Submission  X. Notice of Intent  Subsequent Report  Plugging Back  Casing Repair  Casing Repair  Mater Shut off  Altering Casing  Type of Action  X Other - Payadd  13. Describe Proposed or Completed Operations  It is intended to perform payadd work on this well. Please provide surface stipulations.  SIGNATURE  Regulatory Administrator  Type  Regulatory Administrator  January 25, 2000  (This space for State Use)   | GAS                                 |                                 |                                   | Fee                                     |  |
| San Juan 27-5 Unit  8. Well No. 8. 117  PO BOX 4289, Farmington, NM 87499 (505) 326-9700  9. Pool Name or Wildcate Blanco MV/Basin DK  10. Elevation: 800'FNL, 800'FEL, Sec.22, T-27-N, R-5-W, NMPM, Rio Arriba County, NM  Type of Submission  X. Notice of Intent  Recompletion  Subsequent Report  Plugging Back  Non-Routine Fracturing  Casing Repair  Water Shut off  Final Abandonment  Altering Casing  Conversion to Injection  X. Other - Payadd  13. Describe Proposed or Completed Operations  It is intended to perform payadd work on this well. Please provide surface stipulations.  Regulatory Administrator January 25, 2000  (This space for State Use)   |                                     |                                 | 6.                                | State Oil&Gas Lease #                   |  |
| RESOURCES OIL & GAS COMPANY 8. Well No. 4. Location of Well, Footage, Sec., T, R, M 800'FNL, 800'FEL, Sec.22, T-27-N, R-5-W, NMFM, Rio Arriba County, NM  Type of Submission   | 2. Name of Operator                 |                                 | 7.                                | Lease Name/Unit Name                    |  |
| 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T, R, M 800°FNL, 800°FEL, Sec.22, T-27-N, R-5-W, NMFM, Rio Arriba County, NM  Type of Submission  _X_ Notice of Intent Abandonment Change of Plans Recompletion New Construction  _Subsequent Report Plugging Back Non-Routher Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection  Tother - Payadd  13. Describe Proposed or Completed Operations  It is intended to perform payadd work on this well. Please provide surface stipulations.  SIGNATURE Applicate Regulatory Administrator January 25, 2000  (This space for State Use)   | BURLINGTON                          |                                 |                                   |   |  |
| 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. Pool Name or Wildcat Blanco MV/Basin DK 4. Location of Well, Footage, Sec., T. R. M 800'FNL, 800'FEL, Sec.22, T-27-N, R-5-W, NMPM, Rio Arriba County, NM  Type of Submission X Notice of Intent Bousequent Report Plugging Back Casing Repair Altering Casing Conversion to Injection X Other - Payadd  13. Describe Proposed or Completed Operations It is intended to perform payadd work on this well. Please provide surface stipulations.  Regulatory Administrator January 25, 2000 Tro   | RESOURCES OIL 6                     | GAS COMPANY                     |                                   | San Juan 27-5 Unit                      |  |
| 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. Pool Name or Wildcat Blanco MV/Basin DK 4. Location of Well, Footage, Sec., T. R. M 800'FNL, 800'FEL, Sec.22, T-27-N, R-5-W, NMFM, Rio Arriba County, NM  Type of Submission  _X_ Notice of Intent Abandonment _ Recompletion _ Subsequent Report _ Plugging Back _ Non-Routine Fracturing _ Casing Repair _ Water Shut off _ Altering Casing _ Conversion to Injection  3. Describe Proposed or Completed Operations  It is intended to perform payadd work on this well. Please provide surface stipulations.  Regulatory Administrator_January 25, 2000  (This space for State Use)  |                                     |                                 | 8.                                |   |  |
| 4. Location of Well, Footage, Sec., T, R, M  800'FNL, 800'FEL, Sec.22, T-27-N, R-5-W, NMFM, Rio Arriba County, NM  Type of Submission  X. Notice of Intent  Subsequent Report  Plugging Back Casing Repair Altering Casing Water Shut off Altering Casing Conversion to Injection X. Other - Payadd  13. Describe Proposed or Completed Operations  It is intended to perform payadd work on this well. Please provide surface stipulations.  SIGNATURE Appendix Regulatory Administrator January 25, 2000  (This space for State Use)   | 3. Address & Phone No. of Operat    | or                              | •                                 | #117                                    |  |
| 4. Location of Well, Footage, Sec., T, R, M  800'FML, 800'FEL, Sec.22, T-27-N, R-5-W, NMFM, Rio Arriba County, NM  Type of Submission  X. Notice of Intent  Recompletion  Subsequent Report  Plugging Back  Casing Repair  Altering Casing  Altering Casing  Conversion to Injection  X. Other - Payadd  13. Describe Proposed or Completed Operations  It is intended to perform payadd work on this well. Please provide surface stipulations.  Recompletion  Abandonment  Altering Casing  Conversion to Injection  Type of Action  New Construction  Non-Routine Fracturing  Water Shut off  Conversion to Injection  Type of Action  New Construction  Non-Routine Fracturing  Water Shut off  Conversion to Injection  Type of Action  New Construction  Non-Routine Fracturing  Water Shut off  Conversion to Injection  Type of Action  New Construction  Non-Routine Fracturing  Water Shut off  Conversion to Injection  Type of Action  New Construction  Non-Routine Fracturing  Water Shut off  Conversion to Injection  JAN 2000  RECEIVED  OLCON. DV  DIST. 3  SIGNATURE  Regulatory Administrator  January 25, 2000  trc  Trc  (This space for State Use)  | PO Box 4289, Farmington, NM         | 87499 (505) 326-9700            | 9.                                | Pool Name or Wildcat                    |  |
| 4. Location of Well, Footage, Sec., T, R, M  800'FNL, 800'FEL, Sec. 22, T-27-N, R-5-W, NMPM, Rio Arriba County, NM  Type of Submission  _X_ Notice of Intent  Abandonment  Recompletion  Subsequent Report  Plugging Back  Non-Routine Fracturing  Final Abandonment  Altering Casing  X_ Other - Payadd  13. Describe Proposed or Completed Operations  It is intended to perform payadd work on this well. Please provide surface stipulations.  SIGNATURE  Regulatory Administrator_January 25, 2000  (This space for State Use)  |                                     |                                 |                                   |   |  |
| Type of Submission  X_ Notice of Intent  Subsequent Report  Final Abandonment  X_ Other - Payadd  Type of Submission  Type of Action  Change of Plans  Recompletion  Now Construction  Now Const | 4. Location of Well, Footage, Se    | C., T, R, M                     | . 10                              |   |  |
| Type of Submission  X Notice of Intent  Abandonment  Recompletion  New Construction  Non-Routine Fracturing  Casing Repair  Altering Casing  Conversion to Injection  Altering Casing  Conversion to Injection  Type of Action  Recompletion  Non-Routine Fracturing  Water Shut off  Conversion to Injection  Type of Action  New Construction  Non-Routine Fracturing  Casing Casing Conversion to Injection  Type of Action  New Construction  Non-Routine Fracturing  Water Shut off  Conversion to Injection  Type of Action  New Construction  Non-Routine Fracturing  Water Shut off  Conversion to Injection  JAN 2000  RECEIVED  On CON DIV  DIST. 3  Regulatory Administrator  January 25, 2000  (This space for State Use)  |                                     |                                 | Arriba County. 1                  | MM                                      |  |
| X_ Notice of Intent  | · · · · · · · · ·                   | ,,,,,                           | councy, i                         | XVA-A                                   |  |
| X_ Notice of Intent  | Type of Submission                  | Type of Ac                      | tion                              | <del></del>                             |  |
| Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection X Other - Payadd  13. Describe Proposed or Completed Operations It is intended to perform payadd work on this well. Please provide surface stipulations.  JAN 2000 RECEIVED OLCON CIV DOIST. 3  SIGNATURE Agaptale Regulatory Administrator January 25, 2000 (This space for State Use)  | _X_ Notice of Intent                |                                 |                                   | ans                                     |  |
| Subsequent Report Casing Back Casing Repair Water Shut off Altering Casing Conversion to Injection Non-Routine Fracturing Water Shut off Conversion to Injection Altering Casing Conversion to Injection Non-Routine Fracturing Water Shut off Conversion to Injection Conversion to Injection | <del></del>                         |                                 |                                   |   |  |
| Tinal Abandonment Casing Repair Altering Casing Conversion to Injection Nother - Payadd  13. Describe Proposed or Completed Operations  It is intended to perform payadd work on this well. Please provide surface stipulations.  JAN 2000 RECEIVED OLLOW DIST. 3  SIGNATURE Regulatory Administrator January 25, 2000 True (This space for State Use)   | Subsequent Report                   |                                 |                                   |   |  |
| This space for State Use)  Altering Casing Conversion to Injection X Other - Payadd Conversion to Injection X   |                                     |                                 |                                   | <b>—</b>                                |  |
| It is intended to perform payadd work on this well. Please provide surface stipulations.  JAN 2000 RECEIVED OILCON DIV DIST. 3  SIGNATURE AND LOCAL Regulatory Administrator January 25, 2000  (This space for State Use)  | Final Abandonment                   |                                 |                                   |   |  |
| It is intended to perform payadd work on this well. Please provide surface stipulations.  JAN 2000 RECEIVED OLCON DIV DIST. 3  SIGNATURE LANGUAGE Regulatory Administrator_January 25, 2000  | <del></del>                         | X Other - Payadd                |                                   | 3 injection                             |  |
| It is intended to perform payadd work on this well. Please provide surface stipulations.  JAN 2000 RECEIVED OLICON DIV DIST. 3  SIGNATURE Administrator January 25, 2000  This space for State Use)  |                                     |                                 |                                   |   |  |
| (This space for State Use)   | Scipulations.                       | RECEIVE<br>OILCON. D<br>DIST. 3 | D 456                             |   |  |
|  | SIGNATURE JAGGEJ Cale               |                                 |                                   | ary 25, 2000                            |  |
| Approved by Supervisor DISTRICT #3 Date MAN 2 0 200  | (This space for State Use)          |                                 | · · · · · · · · · · · · · · · · · |   |  |
| Approved by  | 7                                   | 01100                           |                                   | MAN -                                   |  |
|  | Approved by                         | TitleTitle_                     | R DISTRICT # 3                    | Date MAN 2 \$ 200                       |  |
|  | 0                                   |                                 |                                   | — — · · · · · · · · · · · · · · · · · · |  |
| 150  | 150                                 |                                 |                                   |   |  |

## San Juan 27-5 Unit #117

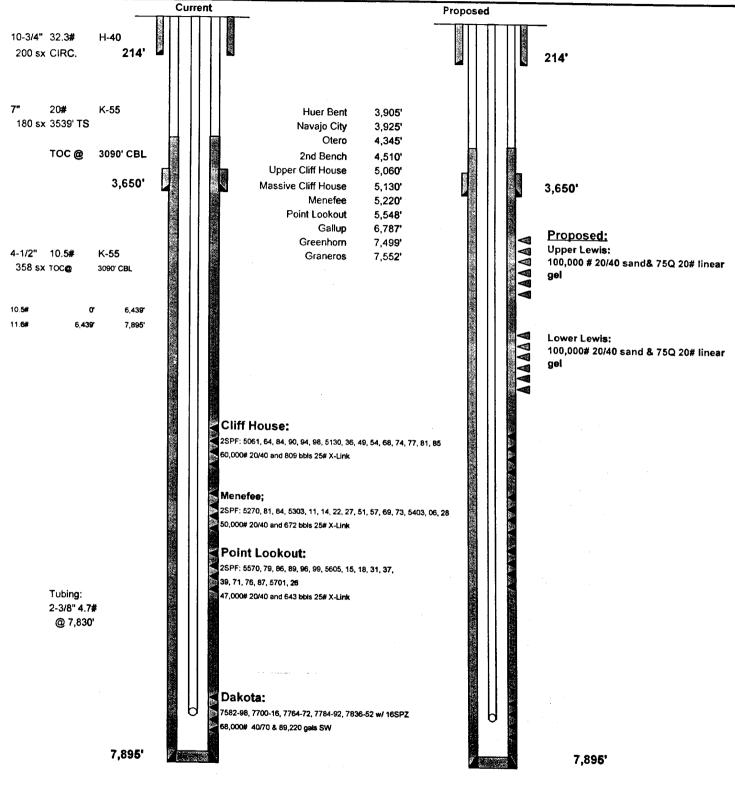
800' FNL, 800' FWL Unit A Sec. 22, T-27 R-05W Rio Arriba County, New Mexico

KB 6607

GL 6593

Lat: 36o 33.82'

Long: 107o 20.33'



PBTD = TD=

7,880° 7,895°

12/27/1999