UNITED STATES

DEPARTMENT OF THE INTERIOR

	ices and Reports on Wells
	SF-079393
Type of Well	6. If Indian, All. or
GAS	Tribe Name
	The same and Name
Name of Oromaton	SEP 2000 Unit Agreement Name
Name of Operator	SEP ENTER OF THE PROPERTY OF T
RESOURCES	
Table of the state of the	& GAS COMPANY OF CAST 3 8 Well Name & Number
Address & Phone No. of Opera	
PO Box 4289, Farmington, NM	87499 (505) 326-9780 () 9. API Well No.
	30-039-20602
Location of Well, Footage, So	
1840'FSL, 1550'FEL, Sec.6, T	11. County and State
	Rio Arriba Co, NM
	DICATE NATURE OF NOTICE, REPORT, OTHER DATA
Type of Submission	Type of Action
Notice of Intent	Abandonment Change of Plans Recompletion New Construction
X Subsequent Report	Recompletion New Construction Plugging Back Non-Routine Fracturing
X Subsequent Report	Plugging back Non Routine Placeding Casing Repair Water Shut off
Final Abandonment	Altering Casing Conversion to Injection
Fimal Abandonment	<pre> Altering Casing Conversion to Injection _X_ Other - Install tubing</pre>
	X Other - Install tubing
. Describe Proposed or Comp	_X_ Other - Install tubing
. Describe Proposed or Comp	_X_ Other - Install tubing
. Describe Proposed or Comp	_X_ Other - Install tubing
. Describe Proposed or Comp	_X_ Other - Install tubing
. Describe Proposed or Comp	_X_ Other - Install tubing
. Describe Proposed or Comp	_X_ Other - Install tubing
. Describe Proposed or Comp	_X_ Other - Install tubing
. Describe Proposed or Comp	_X_ Other - Install tubing
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. Describe Proposed or Comp	_X_ Other - Install tubing
. Describe Proposed or Comp	_X_ Other - Install tubing
. Describe Proposed or Comp	_X_ Other - Install tubing
Describe Proposed or Comp 9-11-00 MIRU. ND WH. TIH	_X_ Other - Install tubing
Describe Proposed or Comp 9-11-00 MIRU. ND WH. TIH	Neted Operations W/1 %" 1.9# coiled tbg, landed @ 3340'. NU WH. RD.
Describe Proposed or Comp 9-11-00 MIRU. ND WH. TIH Thereby certify that the gned have alle	Title Regulatory Supervisor Date 9/14/00
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