

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 3 COPIES

1. Type of Well <input type="checkbox"/> Oil <input type="checkbox"/> Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NMSF078384
2. Name of Operator CORDILLERA ENERGY, INCORPORATED	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 5802 HIGHWAY 64, FARMINGTON, NM 87401 Phone: (505) 632-8056	7. If Unit or CA, Agreement Designation
4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) 800' FSL & 825' FWL - UL "M" SEC. 9, T26N, R08W	8. Well Name and No. NEWSOM C3
	9. API Well No. 30-045-05897
	10. Field and Pool, Or Exploratory Area BALLARD PICTURED CLIFFS
	11. County or Parish, State SAN JUAN COUNTY, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <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 Plug & Abandon | <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 directional drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

After attempting to repair and return the Pictured Cliffs formation to production, we encountered a casing leak and will now plug and abandon this well.

14. I hereby certify that the foregoing is true and correct

Signed Ray Eckstein Title PRODUCTION TECHNICIAN Date October 5, 2001

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of Approval, if any:

NEEDED FOR RECORD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and wilfully 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.

*See Instruction on Reverse Side

NMOCD

SW - OFF