Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1003

Expires: March 31, 1993

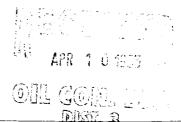
5. Lease Designation and Serial No.

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						
T IN TRIPLICATE	7. If Unit or CA, Agreement Designation					
	8. Well Name and No. TENN FEDERAL #1					
J. K. EDWARDS ASSOCIATES, INC. 011307 3. Address and Telephone No. C/O Walsh Engr. & Prod. Corp. 7415 E. Main Farmington, N.M. 87402 505 327-4892						
4. Location of Well (Footage, Soc., T., R., M., or Survey Description) 800'FSL & 800'FZL Section 8, T26N, R12W						
(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA					
TYPE OF SUBMISSION TYPE OF ACTION						
Abandonment Recompletion Plugging Back Casing Repair Altering Casing X Other See Below	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)					
	rill or to deepen or reentry to a different reservoir. OR PERMIT—" for such proposals TIN TRIPLICATE 1, INC. 011307 1. & Prod. Corp. 10n, N.M. 87402 505 327-4892 Description) (S) TO INDICATE NATURE OF NOTICE, REPORT TYPE OF ACTION Abandonment Recompletion Plugging Back Casing Repair Altering Casing Con Roberts					

give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

J. K. EDWARDS ASSOCIATES intends to recomplete this well in the Fruitland Coal by perforating the Basin coal from approximately 1141' to 1157'GL. No frac job is anticipated. If the Fruitland Coal is productive, then an application will be filed to downhole commingle the production from the Pictured Cliffs and the Fruitland Coal.

This well was previously under Lease NM-11089. The new Lease Number is NM-93255. Please cancel the Notice of Intent to Plug this well under lease NM-11089.



		OUL GOM, D. DIST. 3			
4 I hereby certify that the foregoing is true and correct Signed Taul C Though	Tide Paul C. Thor	mpson, Agent 3/27/95			
(This space for Federal or State office use)		AFFRUVEU			
Approved by	Title	MAR Conte 1973			
3	NMOCD	DISTRICT MANAGED			

District I PO Box 1986, Hobbs, NM \$8241-1986 District II PO Drawer DD, Artenia, NM \$8211-0719 District III 1000 Rio Brazos Rd., Aziec, NM 87410 District IV

PO Box 2008, Santa Fe, NM 87504-2008

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Form C-102 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-045-22788			7	1629	le	BASIN FRUITLAND COAL				
⁴ Property	Code	* Property Name							· Well Number	
		Tenne	co Fed	eral					1	
'OCRID	No,	'Operator Name J. K. EDWARDS ASSOCIATES, INC.							'Elevation 6001 'GL	
_					10 Surface	Location				
Lor lot so.	Section 8	Township 26N	Range 12W	Lot Ida	Foot from the 800	North/Seeth Kee South	Feet from the 800	East/West fiee West	County SJ	
-			11 Bot	tom Hol	e Location I	f Different Fr	om Surface	<u> </u>	 _	
Loriot se.	Section	Township	Range	Lot ida	Feet from the	North/South Ene	Foot from the	East/West fine	County	
Dedicr : Acr	u Joint	ec lafill 14 (ossolidatio	Code "C	Irder No.	1	<u> </u>			
10 ALLOW	ABLE V	VILL BE A	SSIGNE	D TO THI	S COMPLETION	ON UNTIL ALL	INTEDESTS U	AVE BEEN CO		

OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16	 	17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief
	APR 1 0 10 DEBRE 2	Paul C. Thompson, Agent Printed Name Walsh Engr. & Prod. Corp. Title 3/20/95 Date
		18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was ploated from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey
800		Signature and Scal of Professional Surveyer: ORIGINAL ON FILE Ceruficate Number