

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other COALBED METHANE | 5. Lease Designation and Serial No. NM-16470 |
| 2. Name of Operator J.K. EDWARDS ASSOCIATES, INC. | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. 303/298-1400 1331-17TH STREET, SUITE 710, DENVER, COLORADO 80202 | 7. If Unit or CA, Agreement Designation |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 890' FNL, 1850' FWL SEC 1, T26N-R12W | 8. Well Name and No. BENGAL A-4R |
| | 9. API Well No. |
| | 10. Field and Pool, or Exploratory Area S.GALLEGOS FR SAND PC |
| | 11. County or Parish, State SAN JUAN, 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"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other CONTINUE SHUTIN STATUS |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

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.)*

SALES LINE IS UNAVAILABLE; CONTINUE SHUTIN STATUS.

NOTE: PLEASE ADVISE API WELL NUMBER - WE DO NOT HAVE RECORD IN OUR FILE.

THIS APPROVAL EXPIRES 05/27/93

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

Signed ANN L. FELDMAN Title SECRETARY Date 4/22/93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

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

APPROVED

APR 27 1993

DISTRICT MANAGER