UNITED STATES					
DEPARTMENT	OF	THE	INTERIOR		
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1. Type of Well GAS  1. Type of Well GAS  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 955'FNL, 1650'FEL, Sec.36, T-28-N, R-10-W, NMPM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Notice of Intent Notice of Intent Abandonment Notice of Intent Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off Altering Casing Conversion to Injection (Casing Repair Water Shut off (Casing Repair Non-Routine Fracturing (Casing Repair Water Shut off (Casing Repair Non-Routine	All. or ment Name  Number  O. 80
Tribe Name  GAS  7. Unit Agree  2. Name of Operator  BUSCURCES  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 955'FNL, 1650'FEL, Sec.36, T-28-N, R-10-W, NMPM  10. Field and Basin Fruit Fulcher K 11. County and San Juan (12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Notice of Intent Notice of Intent Recompletion Notice of Intent Recompletion Non-Routine Fracturing Laging Back Non-Routine Fracturing Water Shut off Altering Casing Repair Subsequent Report Altering Casing Conversion to Injection X Other - Tubing repair  13. Describe Proposed or Completed Operations  2/12/02 MIRU. ND WH. NU BOP. SDON. 2/13/02 TOOH w/Dit. SDON. 2/14/02 TIH w/64 jts 2-3/8" 4.7# J-55 tbg, set @ 2018'. ND BOP. NU WH. E	ment Name  Number  O.  30
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RESOURCES  OIL & GAS COMPANY  8. Well Name Comler #4  PO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T, R, M 955'FNL, 1650'FEL, Sec.36, T-28-N, R-10-W, NMPM  10. Field and Basin Fruite Fulcher K.  11. County and San Juan (6)  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action  Notice of Intent Abandonment Recompletion New Construction New Construction Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection X Subsequent Report Altering Casing Conversion to Injection X Other - Tubing repair  13. Describe Proposed or Completed Operations  2/12/02 MIRU, ND WH, NU BOP, SDON, 2/13/02 TOOH w/2-3/8" tbg, TIH w/bit, tag up @ 1959', Circ & CO to PBTD TOOH w/bit, SDON, 2/14/02 TIH w/64 jts 2-3/8" 4.7# J-55 tbg, set @ 2018', ND BOP, NU WH, E	<b>ɔ</b> . 30
8. Well Name Omler #4 PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. API Well Name 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. API Well Name 30-045-070 10. Field and 955'FNL, 1650'FEL, Sec.36, T-28-N, R-10-W, NMPM Basin Fruit Fulcher Nation 11. County and San Juan (11. Cou	<b>ɔ</b> . 30
PO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T, R, M 955'FNL, 1650'FEL, Sec.36, T-28-N, R-10-W, NMPM  10. Field and 11. County and 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  Notice of Intent Recompletion New Construction Plugging Back Recompletion Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X Other - Tubing repair  13. Describe Proposed or Completed Operations  2/12/02 MIRU. ND WH. NU BOP. SDON. 2/13/02 TOOH w/2-3/8" tbg. TIH w/bit, tag up @ 1959'. Circ & CO to PBTD TOOH w/bit. SDON. 2/14/02 TIH w/64 jts 2-3/8" 4.7# J-55 tbg, set @ 2018'. ND BOP. NU WH. E	80
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Type of Submission  Notice of Intent  Abandonment  Recompletion  New Construction  N	
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14. A hereby certify that the foregoing is true and correct.	? `
Title Regulatory Supervisor Date 2/22/03	
ACCEPTED	_
(This space for Federal or State Office use)  APPROVED BY Title Date Title Date	OR RECORD
CONDITION 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 a ency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdic 'FARMINGTO	_