UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool 1920'FSL 415'FEL, Sec.25, T-28-N, R-11-W, NMPM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action X Notice of Intent Subsequent Report Plugging Back Pon-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby cartify that the foregoing is true and correct. Signed Manual Addinistrator Date 11/25/98 TLN Thereby Castify that the foregoing is true and correct.		_		
Tribe Name 2. Name of Operator **RESONREES*** OIL & GAS COMPANY 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Pootage, Sec., T, R, M 10. Field and Pool 1920'FSL 415'FEL, Sec.25, T-28-N, R-11-W, NMPM 1920'FSL 415'FEL, Sec.25, T-28-N, R-11-W, NMPM 10. Field and Pool 1920'FSL 415'FEL, Sec.25, T-28-N, R-11-W, NMPM 11. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action X Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Non-Routine Fracturing Cassing Repair Water Shut off Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby cartify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW This space for Foatslar State Office use) Date DEC -9 1998	1 True of Wall	a ser marketing and a series of the series o	70 EN	SF-047017-B
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 10. Field and Fool 1920'FSL 415'FEL, Sec.25, T-28-N, R-11-W, NMPM 10. Field and Fool Pictured Cliffs 11. County and State San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action X Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby cartify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW TITLE Date DEC -9 1998		are of	E 1 1 1888	Tribe Name
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T, R, M 1920'FSL 415'FEL, Sec.25, T-28-N, R-11-W, NMPM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Abandonment Abandonment Non-Routine Fracturing Casing Repair Pinal Abandonment Abandonment Altering Casing Repair Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby certify that the foregoing is true and correct. Signed (KIM2) Title Regulatory Administrator Date 11/25/98 TIM TIM DEC - 9 1998	2. Name of Operator	167 DE	is it was the	Unit Agreement Nam
Delo #9 PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool 1920'FSL 415'FEL, Sec.25, T-28-N, R-11-W, NMPM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission X Notice of Intent Subsequent Report Plugging Back Subsequent Report Title Title Delo #9 A PI Well No. 30-045-21126 10. Field and Pool Pictured Cliffs 11. County and State San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Abandonment Abandonment Abandonment Change of Plans New Construction Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby certify that the foregoing is true and correct. Signed AND Title Regulatory Administrator Date 11/25/98 TIW Title Date DEC - 9 1998	BURLINGTON RESOURCES OIL	& GAS COMPANY		
PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool 1920'FSL 415'FEL, Sec.25, T-28-N, R-11-W, NMPM 11. County and state San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action X Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby cartify that the foregoing is true and correct. Signed (KIM2) Title Requiatory Administrator Date 11/25/98 TIW Title Date DEC - 9 1998			8.	
4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool 1920'FSL 415'FEL, Sec.25, T-28-N, R-11-W, NMPM 11. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission 13. Notice of Intent 14. Abandonment 15. Change of Plans 16. Recompletion 17. New Construction 18. Non-Routine Fracturing 19. Casing Repair 19. Water Shut off 19. Conversion to Injection 19. Conversion to Injection 19. Change of Plans 19. New Construction 19. New Construction 19. Non-Routine Fracturing 19. Casing Repair 19. Water Shut off 20. Conversion to Injection 20. Conversion to Injection 21. Describe Proposed or Completed Operations 22. Cher - tubing repair 23. Describe Proposed or Completed Operations 24. Thereby cartify that the foregoing is true and correct. 25. Ph. Conversion 26. Cher - tubing repair 27. Cher - tubing repair 28. Cher - tubing repair 29. Cher - tubing repair 20. Cher - tubing repair 21. Check Approver of Action 22. Cher - tubing repair 23. Cher - tubing repair 24. Cher - tubing repair 25. Cher - tubing repair 26. Change of Plans 27. Non Conversion 28. Cher - tubing repair 29. Cher - tubing repair 20. Cher - tubing repair 27. Cher - tubing repair 28. Cher - tubing repair 29. Cher - tubing repair 20. Cher - tubi	-		0	
4. Location of Well, Pootage, Sec., T, R, M 1920'FSL 415'FEL, Sec.25, T-28-N, R-11-W, NMPM Pictured Cliffs 11. Country and State San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission X. Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection X. Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby cartify that the foregoing is true and correct. Signed (KIM2) Title Regulatory Administrator Date 11/25/98 TIW This space for Feature Water Office use) APPROVED BY Title Date DEC -9 1998	PO BOX 4289, FARMINGCON, NM	8/499 (505) 326-9/00	9.	
1920'FSL 415'FEL, Sec.25, T-28-N, R-11-W, NMPM 11. County and State San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission X	4. Location of Well, Footage, Se	ec., T, R, M	10	
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission X Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Final Abandonment X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby cartify that the foregoing is true and correct. Signed Many Many (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for Feature Office use) APPROVED BY Title Date DEC -9 1998	-			
Type of Submission X Notice of Intent Abandonment Recompletion New Construction Plugging Back Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby certify that the foregoing is true and correct. Signed Man Man (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for Fearmann of Man (KLM2) Title Regulatory Administrator Date 11/25/98 TLW DEC - 9 1998			11	. County and State
Type of Submission X Notice of Intent Abandonment Recompletion Plugging Back Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TILW (This space for February Title Date DEC -9 1998				San Juan Co, NM
Type of Submission X Notice of Intent Abandonment Recompletion Plugging Back Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TILW (This space for February Title Date DEC -9 1998				
X Notice of Intent Abandonment Change of Plans Recompletion New Construction Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for February Spencer Title Date DEC -9 1998)				R DATA
Recompletion New Construction Plugging Back Non-Routine Fracturing Resing Repair Water Shut off Final Abandonment Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby cartify that the foregoing is true and correct. Signed May Describe Proposed (KIM2) Title Regulatory Administrator Date 11/25/98 TIM (This space for Federal of State Office use) APPROVED BY Date W. Spencer Title Date DEC -9 1998				lane
Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby cartify that the foregoing is true and correct. Signed Repair Water Shut off Conversion to Injection X Other - tubing repair 14. Thereby cartify that the foregoing is true and correct. Signed Repair Water Shut off Conversion to Injection X Other - tubing repair 15. Describe Proposed or Completed Operations 16. Thereby cartify that the foregoing is true and correct. 17. Thereby cartify that the foregoing is true and correct. 18. Thereby cartify that the foregoing is true and correct. 19. Thereby cartify that the foregoing is true and correct. 19. Thereby cartify that the foregoing is true and correct. 19. Thereby cartify that the foregoing is true and correct. 19. Thereby cartify that the foregoing is true and correct. 19. Thereby cartify that the foregoing is true and correct. 19. Thereby cartify that the foregoing is true and correct. 19. Thereby cartify that the foregoing is true and correct. 19. Thereby cartify that the foregoing is true and correct. 20. Thereby cartify that the foregoing is true and correct.	_x_ Notice of intent		-	
Casing Repair Water Shut off Altering Casing Conversion to Injection X Other - tubing repair 13. Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. 14. Thereby cartify that the foregoing is true and correct. Signed Many State Office use) (This space for February Water Shut off APPROVED BY Date DEC -9 1998	Subsequent Report			
Altering Casing Conversion to Injection X Other - tubing repair				
APPROVED BY Other - tubing repair A Other - tubing repair A Other - tubing repair A Describe Proposed or Completed Operations It is intended to repair the tubing on the subject well according to the attached procedure. OTO FA DO 25 PH 2: O	Final Abandonment			
It is intended to repair the tubing on the subject well according to the attached procedure. 14. I hereby cartify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TIW (This space for Februare W. Spencer Title Date Date Date Date Date Date Date Dat		X_ Other - tubing repa	ir	
attached procedure. 14. Thereby certify that the foregoing is true and correct. Signed Sum Dumberd (KLM2) Title Regulatory Administrator Date 11/25/98	13. Describe Proposed or Compl	leted Operations		
14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for Federal or State Office use) APPROVED BY Date DEC - 9 1998	_	reced obergeroup		
14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for Federal or State Office use) APPROVED BY Date DEC - 9 1998	It is intended to repair t	the tubing on the subject	well accord	ing to the
14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for Federal or State Office use) APPROVED BY Date DEC -9 1998	It is intended to repair t	the tubing on the subject	well accord	ing to the
14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for Federal or State Office use) APPROVED BY Date DEC -9 1998	It is intended to repair t	the tubing on the subject	well accord	070
14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for Federal or State Office use) APPROVED BY Date DEC -9 1998	It is intended to repair t	the tubing on the subject	well accord	070
14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for Federal or State Office use) APPROVED BY Date DEC -9 1998	It is intended to repair t	the tubing on the subject	well accord	070
14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for Federal or State Office use) APPROVED BY Date DEC -9 1998	It is intended to repair t	the tubing on the subject	well accord	070
14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for Federal or State Office use) APPROVED BY Date DEC -9 1998	It is intended to repair t	the tubing on the subject	well accord	070
14. Thereby certify that the foregoing is true and correct. Signed (KLM2) Title Regulatory Administrator Date 11/25/98 TLW (This space for Federal or State Office use) APPROVED BY Date DEC -9 1998	It is intended to repair t	the tubing on the subject	well accord	070
Signed State Office use) APPROVED BY CHAPTER TITLE (KLM2) Title Regulatory Administrator Date 11/25/98 TLW DEC - 9 1998	It is intended to repair t	the tubing on the subject	well accord	070
Signed State Office use) APPROVED BY CHAPTER TITLE (KLM2) Title Regulatory Administrator Date 11/25/98 TLW DEC - 9 1998	It is intended to repair t	the tubing on the subject	well accord	070
(This space for Federal or State Office use) APPROVED BY Date Date DEC - 9 1998	It is intended to repair t attached procedure	the tubing on the subject		070
(This space for Federal or State Office use) APPROVED BY	It is intended to repair t attached procedure	the tubing on the subject		070
APPROVED BI	It is intended to repair to attached procedure 14. 1 hereby certify that the	foregoing is true and co	rrect.	98 NOV 25 PH 12: 41 070 FAMILICITON, NM
CONDITION OF APPRIVAL IT ADV:	It is intended to repair to attached procedure 14. I hereby certify that the Signed State (This space for Federal or State)	foregoing is true and co. (KLM2) Title Regulatory	rrect.	98 NOV 25 PH 12: 41 070 FASAMIGION, NM T Date 11/25/98 TLW

Delo #9

Pictured Cliffs 190' FSL and 415' FEL

Unit I, Section 25, T28N, R11W

Latitude / Longitude: 36° 37.8708'/ 107° 56.8195'

DPNO: 22608A **Tubing Repair Procedure**

Project Summary: The Delo #9 was drilled in 1972. The tubing was last pulled November 1995 to replace a 4-1/2" nipple on the wellhead. We propose to pull the tubing, check for fill, replace the 1-1/4" NUE tubing with 1-1/2" EUE tubing and hang tubing lower.

- Hold safety meeting. Comply with all NMOCD, BLM and Burlington safety and environmental 1. regulations. Test rig anchors and build blow pit prior to moving in rig. Notify BROG Regulatory (Peggy Bradfield 326-9727) and the appropriate Regulatory Agency prior to pumping any cement job. If an unplanned cement job is required, approval is required before the job can be pumped. If verbal approval is obtained, document approval in DIMS/WIMS. Allow as much time as possible prior to pump time in case the Agency decides to witness the cement job.
- 2. MOL and RU workover rig. Obtain and record all wellhead pressures. NU relief line. Blow well down and kill with 2% KCL water if necessary. NU BOP with stripping head. Test and record operation of BOP rams. Have wellhead and valves serviced as necessary. (Change out donut, bonnet and valves for 1-1/2" tubing.) Test secondary seal and replace/install as necessary.
- The Pictured Cliffs tubing is 1-1/4", 2.3#, NUE, J-55 set at 1686'. Release donut and POOH 3. laying down 1-1/4" tubing. Check tubing for scale build up and notify Operations Engineer.
- Pick up new string of 1-1/2, 2.9#, EUE, J-55 tubing and TIH with 3-7/8" bit on 1-1/2" tubing to 4. below perforations, cleaning out with air/mist. If any torque is encountered, TOOH with 1-1/2" tubing and utilize a 2-3/8" work string. PU above the perforations and flow the well naturally. making short trips for clean up when necessary. TOOH with tubing. NOTE: When using air/mist, minimum mist rate is 12 bph.
- 5. TIH with one joint of 1-1/2" tubing with an expendable check on bottom and a seating nipple one joint off bottom. Run a broach on sandline to insure that the tubing is clear. Land tubing at approximately 1840'. ND BOP and NU WH. Pump off expendable check. Connect to casing and circulate air to assure that expendable check has pumped off. If well will not flow on it's own, make swab run to SN. RD and MOL. Return well to production.

Recommended: Market 11/4/8 Approved: Bruce D. Bong 11-9-99
Operations Engineer Drilling Superintendent

Kevin Midkiff Office - 599-9807

Pager – 564-1653