UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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 1605**RNL, 1040**FWL, Sec.25, T-29-N, R-7-W, NMPM DHC-1444 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Motice of Intent Recompletion X_ Subsequent Report Pinal Abandonment Recompletion Altering Casing Other - Tubing change 13. Describe Proposed or Completed Operations 4-11-97 ND WH. NU BOP. TOOH w/121 jts 1 1/2" tbg. SDON. 4-12-97 ND WH. NU BOP. TOOH w/121 jts 1 1/2" tbg. TIH, blow well & CO. SDON. 4-13-97 TOOH w/121 jts 1 1/2" tbg. TIH, blow well & CO. SDON. 4-14-97 Blow well & CO. TOOH. TIH w/257 jts 2 3/8" 4.7# J-55 8RD BUE Edg, landed **@ 7992'. ND BOP. NU WH. ED. Rig released.** (This space for Federal or State Office use) APPROVED BY **Title** Date **CEPPTED FOR RECORNAMENTS* **CEPPTED FOR RECORNAMENTS* **CEPPTED FOR RECORNAMENTS* **CEPPTED FOR RECORNAMENTS* **COMPANY* **CONTROL TO THE DATA **Type of Action New Construction	Sundry Notices and E	Reports on Wells			
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