SPORTAL OF Tribe Name  Same of Operator  RECEIVED  OIL & GAS COMPANY			5.	Lease Number
Address & Phone No. of Operator  PO Sox 4289, Farmington, NM 87499 (505) 320 006  Location of Well, Footage, Sec., T, R, M  1520*FNL, 1060*FEL, Sec.25, T-30-N, R-6-W, NMFM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  X Notice of Intent  Subsequent Report  Final Abandonment  Altering Casing  Casing Repair  Final Abandonment  Altering Casing  Conversion to Injection  Describe Proposed or Completed Operations  It is intended to add the Lewis Shale and the Menefee zones to the existing  Messaverde formation of the subject well by placing a cast iron bridge  plug over the existing perforations and stimulating these zones. The  well will then be cleaned out to plug back total depth and tubing landed.  Please provide surface stipulations.  I hereby certify that the foregoing is true and correct.  I hereby certify that the foregoing is true and correct.  The well will then be cleaned out to plug back total depth and tubing landed.  Please provide surface stipulations.  I hereby certify that the foregoing is true and correct.  The well will then be cleaned out to plug back total depth and tubing landed.  Please provide surface stipulations.  Title Face Markey, Date  Alf Indian, All. or  Tribe Name  Contribute San Juan 30-6 Unit  Well Juan 30-6 Unit  San Juan 30-6 Unit  Well Juan 30-6 Unit  Well Juan 30-6 Unit  San Ju		and the second second		
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San Juan 30-6 Unit  Control  C	<b>5.15</b>			
San Juan 30-6 Unit  Convolve  Control of Con		Err.	7.	Unit Agreement Name
OIL & GAS COMPANY  DAT. ON  San Juan 30-6 Unit  Well Name & Number  San Juan 30-6 Unit  Well Name & Number  San Juan 30-6 Unit  Well Name & Number  San Juan 30-6 Unit  San Juan 30-6 Unit  Well Name & Number  San Juan 30-6 Unit  San Juan 30-6 Unit  Well Name & Number  San Juan 30-6 Unit  San Juan 30-6 Unit  Well Name & Number  San Juan 30-6 Unit  San Juan 30-6 Unit  Well Name & Number  San Juan 30-6 Unit  San Juan 30-6 Unit  Well Name & Number  San Juan 30-6 Unit  San Juan 30-6 Unit  San Juan 30-6 Unit  Well Name & Number  San Juan 30-6 Unit  San Juan 30-6 Unit	Name of Operator	Dr. Branch	2001	,
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Well Name & Number Secretary Formington, NM 87499 (505) 326 (206)  Midress & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326 (206)  Discation of Well, Footage, Sec., T, R, M  10. Field and Pool Blance Measurerde Plugoff Name & Number Subsequent Report  Mariba Co, NM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X Notice of Intent Recompletion Subsequent Report Plugging Back Casing Repair Altering Casing Yearing Water Shut off Altering Casing Yearing Water Shut off Altering Casing Wesaverde formation of the subject well by placing a cast iron bridge plug over the existing perforations and stimulating these zones. The well will then be cleaned out to plug back total depth and tubing landed. Please provide surface stipulations  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify that the foregoing is true and correct.  If hereby certify the foregoing is true and correct.  If hereby certify the footon is a correct true for the footon is a corre	7 2 7 7 K 1/2 1/2/C 1/2 K 1	OR CON		0. 7. 00.6 57.11
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