UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



Consider Make			
sundry Not:	ices and Reports on Welßs [] [:49		
	ozo ez 1aron, nm	5.	Lease Number SF-078439
1. Type of Well GAS	RIFARLIZES	6.	
	NEVEIVEM	7.	Unit Agreement Name
2. Name of Operator	JUL 2 0 1998 💆		
RESOURCES ON	& GAS COMPANYOUL COLL. DIV		
OIL		8.	Well Name & Number
3. Address & Phone No. of Operat	tor Dist. 3		Johnston Federal #28F
PO Box 4289, Farmington, NM	87499 (505) 326-9700	9.	
4. Location of Well, Footage, Se	ec T. R. M	10	30-045-28921 Field and Pool
1255' FNL, 1740' FWL, Sec.C.		10.	Basin Frtlnd Coal
2485 5 1795		11.	County and State San Juan Co., NM
			bail buail co., Nri
	DICATE NATURE OF NOTICE, REPORT, O	THER	DATA
Type of Submission	Type of Action		
X Notice of Intent	Abandonment Change of Recompletion New Cons		
Subsequent Report	Recompletion New Cons Plugging Back Non-Rout		
	Casing Repair Water Sh		
Final Abandonment	Altering Casing Conversi		
	X Other - Re-cavitate		
13. Describe Proposed or Compl	leted Operations		
It is intended to re-cavit	tate the subject well in the follo	wing	manner:
utilizing natural a the well to TD and	l the 5 ½" lnr. Cavitate the Frui and air assisted surges until the run a 5 ½" 15.5# K-55 lnr. The l pal intervals. Re-run the product	well nr w	stabilizes. Clean ill be pre-perforated
signed Hay Studhild	foregoing is true and correct. (MEL) Title Regulatory Administr	ator	_Date 7/6/98_ vkh
(This space for Federal or State APPROVED BY /S/ Duane W. Spencer CONDITION OF APPROVAL, if any:		e <u>၂</u>	JL 17 1998