

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0135

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE-Other instructions on reverse side

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. <b>JICARILLA CONTRACT #105</b>
2. Name of Operator <b>PATINA SAN JUAN, INCORPORATED</b>		6. If Indian, Allottee or Tribe Name <b>JICARILLA APACHE</b>
3a. Address and Telephone No. <b>5802 HIGHWAY 64, FARMINGTON, NM 87401</b>	3b. Phone No. (include area code) <b>(505) 632-8056</b>	7. If Unit or CA/Agreement, Name, and/or No. <b>JENNEY #1M</b>
4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) <b>990' FSL &amp; 790' FEL - UL "P" SEC. 13, T26N, R04W</b>		8. Well Name and No. <b>JENNEY #1M</b>
		9. API Well No. <b>30-45-3110 30039-21513</b>
		10. Field and Pool, Or Exploratory Area <b>BASIN DAKOTA/BLANCO MESA VERDE</b>
		11. County or Parish, State <b>RIO ARriba COUNTY, NEW MEXICO</b>

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Deepen
	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Production (start/resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other and commingle

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

8/20/04 TOOH w/246 jts + 20' cut off 1-1/2" tbq.

8/25/04 RU Jet West & perf Menefee zone @ 5648, 50, 52, 54, 56, 88, 90, 92, 94, 96, 98. 5700, 02, 5864, 66, 68, 84, 86. 18 -0.38"holes w/ 120 degree phasing.

8/26/04 Pump 40 bbl 2% KCl. Set packer @ 5509'. Load annulus w/150 bbl 2% KCl. Pr test annulus to 500 psi. OK.

8/27/04 RU BJ Services. Acid Ball-off. Pump 1,000 gal 15% HCL w/40 1.1 RCN balls per 18 holes. Balled out. Released Pkr, TIH & knocked balls off perfs & TOOH to 5509'. Loaded annulus w/60 bbl 2% KCL. PR to 500 psi. Frac menefee, screened off after 2344 bbl. Slick water, 75,000# 20/40 Ottawa Sand, 9,000 SCL Resin coated sand. ISIP: 692 psi, 3 min: 514 psi, 10 min: 454 psi, 15 min: 414 psi.

Commingled per DHC Order 1199AZ

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) <b>KAY S. ECKSTEIN</b> e-mail: keckstein@patinasanjuan.com	Title <b>PRODUCTION TECHNICIAN</b>
Signature <i>Kay Eckstein</i>	Date <b>03-Sep-2004</b>

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by **/s/ David R. Sitzler** Division of Multi-Resources Date **SEP 27 2004**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and wilfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

# Patina San Juan, Inc.

## DAILY OPERATIONS REPORT

<b>Lease Name &amp; Well Number</b> Jenney #1M		<b>Report date:</b> 09/03/04 <b>Report time:</b> 0700 Hrs		<b>Purpose:</b> Recomplete Menefee and Commingle		<b>Operation Type</b> Completion Recompletion X Workover	
<b>Report #:</b> 13		<b>AFE #:</b> 112356		<b>RKB:</b> 12.00		<b>Zone of interest:</b> Menefee	
<b>Supervisor:</b> H Hill <b>Phone #:</b> <b>Fax #:</b>		<b>Formation:</b>		<b>Formation:</b>			
		<b>Perfs:</b> 5648-5886		<b>Perfs:</b>			
<b>Plug Back Depth:</b> 5,910 <b>Packer Depth:</b>							
<b>SITP:</b> @ <b>SICP:</b> @		<b>Tubing Data:</b> 174 Jts 2 3/8 4.7# J-55 Landed @ 5672.72		<b>Casing Data:</b> 7 5/8 26.4# 5 1/2 17# Liner Top @ 3849			

### Last 24 Hour Activity Summary

SICP: 120psi. Trip in hole with 2 3/8" production tubing and land at 5672.72'KB. Broach tubing. Pressure test tubing to 1,000psi. Swab tubing dry. Nipple down BOP. Nipple up wellhead. SIFBU. Rig down well service unit.

### Last 24 Hour Activity Detail

Time		Elapsed Time	Description
From	To		
7:00	7:30	0:30	Warm up Rig & Hold Safety Meeting.
7:30	9:00	1:30	SICP: 120 P.S.I., Bleed down Well, Swap out Tubing Floats.
9:00	13:00	4:00	Make up 2 3/8 Saw Tooth Collar, 2 3/8 Pump Seat Nipple, Pick up & T.I.H. W/ 2 3/8 4.7 J-55 Tubing, Tallying, Rabbiting & Broaching Tbg. Every 40 Jts In Hole.
			Total tubing: 174 Jts E.O.T.L. @ 5672.72
13:00	14:00	1:00	Drop Standing Valve, Load Tbg 2 % KCL, Pressure Test Tbg. 1,000 P.S.I., Tested.
14:00	15:00	1:00	Swab Tbg. Dry & retrieve Standing Valve.
15:00	16:00	1:00	Land Tbg. On Hanger, Rig down Floor & Tbg. Equip., Nipple Down B.O.P., Nipple Up Well Head.
16:00	17:00	1:00	Rig down Pulling Unit.
			FINAL REPORT
			K.B. 12.00'
			174 Jts. 5659.27'
			P.S.N. 1.10'
			S.T.C. 45'
			E.O.T.L. @ 5672.82'
Total hours:		10:00	

### Comments

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### Projected 24 Hours

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### Costs

Daily Cost	Total Operation Cost	AFE Operation Cost	Total Well Cost	AFE Total Cost
\$29,750	\$229,550	\$125,055	\$229,550	\$125,055