

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave., Artesia, NM 87210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

OIL CONSERVATION DIVISION
1220 South St. Francis Drive
Santa Fe, NM 87505

WELL API NO.

30-45-32612

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

JACQUEZ 02

1. Type of Well:

OIL

GAS

WELL ☐WELL ☒

OTHER

2. Name of Operator

PATINA SAN JUAN, INC.

8. Well No.

#13

3. Address of Operator

5802 HIGHWAY 64, FARMINGTON, NEW MEXICO 87401

9. Pool name or Wildcat

BASIN DAKOTA/BLANCO MESA VERDE

4. Well Location

Unit Letter M : 660' Feet From The SOUTH Line and 660' Feet From The WEST LineSection 2 Township 31N Range 13W NMPM County SAN JUAN

10. Elevator (Show whether DR, RKB, RT, GR, etc.)

5737' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE ☐COMPLETION ☐

OTHER: _____

SUBSEQUENT REPORT OF:REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☒PLUG & ABANDONMENT ☐CASING TEST & CEMENT JOB ☐

OTHER: _____

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

APD/ROW

01/21/2005 08:30 hrs. Spud well. Drill to 272'

RU csg crew & run 7 jts of 9-5/8", 36#, J55, ST&C casing and land @ 270'

RU cementers & cmt csg w/175 sx Class B w/additives. Had full returns, circulate 8 bbl to surface. WOC.

Pressure test casing 250 psi low and 1000 psi high.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

PRODUCTION TECHNICIAN DATE 26-Jan-05

TYPE OR PRINT NAME

KAY S. ECKSTEIN

TELEPHONE NO. (505) 632-8056

(This space for State Use)

APPROVED BY

TITLE

SUPERVISOR DISTRICT # 3

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 28 2005