

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT---" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil ☐ Gas ☐ Other

2. Name of Operator

Roddy Production Company, Inc.

3. Address and Telephone No.

P.O. Box 2221, Farmington NM 87499 (505) 325-5750

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Surface location; 400' FNL x 1500' FWL, Section 14, T23N, R3W

5. Lease Designation and Serial No.
Contract 413

6. If Indian, Allottee or Tribe Name
Jicarilla Apache

7. If Unit or CA, Agreement Designation
Chacon Jicarilla Apache 'D'

8. Well Name and No.

Chacon Jicarilla Apache 'D' No. 11

9. API Well No.

30-039-21455

10. Field and Pool, or Exploratory Area
West Lindrith Gallup-Dakota

11. County or Parish, State
Rio Arriba County, New Mexico

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other pump jack repair

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depth for all markers and zones pertinent to this work.)*

The above referenced well has not been producing because the pump jack and base required repair. The base has been repaired and the pads have been re-set. We are waiting on a contractor to re-set the pump jack. We anticipate returning the well to production within 30 days, or by 9/15/05.

14. I hereby certify that the foregoing is true and correct

Signed Robert R. Griffee Title Operations Manager

Date: 8/15/05

(This space for Federal or State office use)

Approved by Original Signed: Stephen Mason

Title _____

Date _____

AUG 17 2005

Conditions of approval, if any:

*See Instruction on Reverse Side

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