Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 2805 SEP 27

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

5. Lease Designation and Serial No. Contract 413 ibe Name

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED	1-6. If Indian, Allottee or Tribe N
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.	Jicarilla Apache
Use "APPLICATION FOR PERMIT" for such proposals	

Use "APPLICATION FOR PERM	IT" for such proposals		
		7. If Unit or CA, Agreement Designation	
SUBMIT IN TRI	IPLICATE	Chacon Jicarilla Apache 'D'	
1. Type of Well		1	
Xoil Gas Other		8. Well Name and No.	
2. Name of Operator		Chacon Jicarilla Apache 'D' No. 11	
Roddy Production Company, Inc.		9. API Well No.	
3. Address and Telephone No.		30-039-21455	
P.O Box 2221, Farmington NM 87499 (505) 325-5750		10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		West Lindrith Gallup-Dakota 11. County or Parish, State	
Surface location; 400' FNL x 1500' FWL, Section 14, T23N, R3W		Rio Arriba County, New Mexico	
bullate location, 400 Figura 1000 Five, because 14, 12014, 1604		ind initial duality, New Mexico	
12. CHECK APPROPRIATE BOX(s) TO I	NDICATE NATURE OF NOTICE, RE	PORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE O	TYPE OF ACTION	
	☐ Abandonment	Change of Plans	
☐ Notice of Intent	☐ Recompletion	☐ New Construction	
	Plugging Back	☐ Non-Routine Fracturing	
X Subsequent Report	Casing Repair	☐ Water Shut-Off	
	☐ Altering Casing	☐ Conversion to Injection	
☐ Final Abandonment Notice	X Other pump jack repair	☐ 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.)*	was a second and included and a de to	wed deput to an indirect and zones	
March and Control 13 and the control of		55 26 21 28 20 mg	
The above referenced has been returned to production as per previous Sundry dated 8/15/05.			
		SEP	
		15 Ah. 2005 W	
		OIL CONS. DIV.	
		DIST DIV	
14. I hereby certify that the foregoing is true and correct			
0 . 0 . 7		51. 51 11	
Signed(.	Title Operations Manager	Date: 9/23/05	
Robert R. Griffee			
(This space for Federal or State office use)			
Approved by	Title	Date	
Conditions of approval, if any:			
		Aka Line Line Line Line Line Line Line Line	

false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side