

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. **Type of Well**  
GAS

2. **Name of Operator**  
CDX RIO, LLC

3. **Address & Phone No. of Operator**  
2010 Afton Place, Farmington, New Mexico 87401 (505) 326-3003

4. **Location of Well, Footage, Sec., T, R, M**  
1400°FNL, 1980°FEL, Sec.24, T-26-N, R-5-W, NMPM

5. **Lease Number**  
Jicarilla Contract 108

6. **If Indian, All. or Tribe Name**  
Jicarilla Apache

7. **Unit Agreement Name**

8. **Well Name & Number**  
Jicarilla C #5F

9. **API Well No.**  
30-039-29591

10. **Field and Pool**  
Blanco MV/Basin DK

11. **County and State**  
Rio Arriba Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment <input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging <input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair <input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing <input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Spud

13. Describe Proposed or Completed Operations

3-30-06 MIRU.

3-31-06 Spud well @ 10:00 a.m. 3-31-06. Drill to 324'. Circ hole clean. TOOH.

4-1-06 TIH w/7 jts 9 5/8" 36# J-55 csg, set @ 317'. Cmdt w/185 sx STD cmt w/2% calcium chloride, 0.25 pps Flocele (218 cu.ft.). Displace w/wtr. No cmt circ to surface. WOC. TIH w/1" tbg to 39'. Pump 62 sx STD cmt w/2% calcium chloride (73 cu.ft.). Displace w/wtr. Circ 3 bbl cmt to surface. NU BOP. PT blind rams, csg, outside valves, inside valves to 250 psi low, 1500 psi high, OK (PT witnessed by BLM).

4-2-06 TIH, tag up @ 262'. Drilling ahead.

APD ROW related

*Report Hole size on Surface*

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

Signed Nancy Oltmanns Title Agent Date 4/4/06

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

