

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator CDX RIO, LLC</p> <p>3. Address & Phone No. of Operator 2010 Afton Place, Farmington, New Mexico 87401 (505) 326-3003</p> <p>4. Location of Well, Footage, Sec., T, R, M 1250', FNL, 1945' FWL, Sec.4, T-26-N, R-4-W, NMPM</p> <p>DHC-2362az</p>	<p>5. Lease Number Jicarilla Contract 102</p> <p>6. If Indian, All. or Tribe Name Jicarilla Apache</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Jicarilla 102 #10M</p> <p>9. API Well No. 30-039-29770</p> <p>10. Field and Pool Blanco MV/Basin DK</p> <p>11. County and State Rio Arriba Co, NM</p>
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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 commingle allocation

RCVD FEB7'07

OIL CONS. DIV.

DIST. 3

13. Describe Proposed or Completed Operations

CDX RIO, LLC submits the following down hole commingle allocation for the subject well. The well had an initial potential test of 513 MCF/D, 0.5 BOPD, 2 BWPD. The offset well used to determine allocation were the Jicarilla 102 #10N (API number: 30-039-29772), NW/SW Section 4, T-26-N, R-4-W. The subtraction method was used for this allocation:

	<u>GAS</u>	<u>OIL</u>	<u>WATER</u>
Mesaverde	40%	50%	50%
Dakota	60%	50%	50%

DHC 2362AZ

14. I hereby certify that the foregoing is true and correct.Signed Nancy Oltmanns Title Agent Date 2-6-07

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: