

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

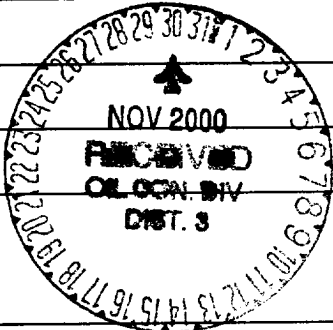
SUBMIT IN TRIPLICATE

1. Type of Well  
Oil ☐ Gas ☒ well ☐ Well ☐ Other ☐

2. Name of Operator  
Rio Chama Petroleum, Inc.

3. Address and Telephone No.  
P.O. Box 3027, Pagosa Springs, CO 81147

4. Location of Well (Footage, Sec., T., R., M. or Survey Description)  
1820' FSL & 1650' FWL ( Unit K ), Section 14-24N-02W



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

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
NM015P35-85C-419

8. Well Name and No.  
Krystina 1

9. API Well No.  
30-039-23572

10. Field and Pool, or Exploratory Area  
WC 24N2W14R Chama

11. County or Parish, State  
Rio Arriba County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<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 type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

(Note: Report result 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 depths for all markers and zones pertinent to this work.)\*

We propose to recomplete this well into either Chacra or the Fruitland Coal Formation using the attached procedure

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

Signed [Signature] Title President Date 10/31/00

(This space for Federal or State office use)

Approved by /s/ Brian W. Davis Title Lands and Mineral Resources Date NOV 22 2000

Conditions of approval, if any:

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-10  
Revised August 15, 200

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Submit to Appropriate District Office  
State Lease - 4 Copie  
Fee Lease - 3 Copie

☐ AMENDED REPOR

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-039-23572	<sup>2</sup> Pool Code 71629/97071	<sup>3</sup> Pool Name Basin Fruitland Coal/WC 24N2W14K; Chackel
<sup>4</sup> Property Code	<sup>5</sup> Property Name Krystina <del>Sum</del>	<sup>6</sup> Well Number 8 /
<sup>7</sup> OGRID No. 160560	<sup>8</sup> Operator Name Rio Chama Petroleum, Inc.	<sup>9</sup> Elevation 7301 GL

<sup>10</sup> Surface Location

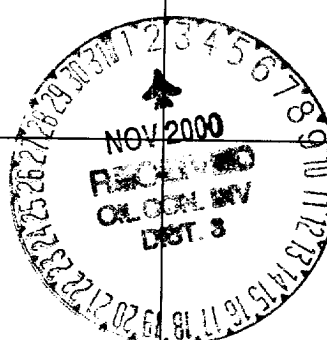
UL or lot no. 8K	Section 14	Township 24N	Range 02W	Lot Idn	Feet from the 1850	North/South line South	Feet from the 990	East/West line West	County Rio Arriba
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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<sup>12</sup> Dedicated Acres 320 1/2 160560	<sup>13</sup> Joint or Infill N	<sup>14</sup> Consolidation Code C	<sup>15</sup> Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<sup>16</sup> 	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature J. Craig Creel  Printed Name President  Title 10/30/00  Date
	<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.  Date of Survey  Signature and Seal of Professional Surveyor:  Certificate Number