Form 3164. 5 (November 1994)

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

FORM APPROVED Bydget Bureau No. 1004-0135				
Bydget Bureau No.	1004-0135			
Expires Novembe	r 30, 2000			

7	5.	Lase Serial No.	Laso Sorial	
-	_	670222	470222	

SUNDRY NOTICES	AND REPORTS ON V	VELLS REGER	*: / - 7	079232
Do not use this form for abandoned well. Use For		-enter an	AM 10: 22	If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE	- Other instructions on re	everse side	NGTON, NM 7.	If Unit or CA/Agreement, Name and/or No.
1. Type of Well Oil X Gas Well Other		030 LYLWIN	8.	Well Name and No. ack C LS #14A
2. Name of Operator Cross Timbers Operating Company		0重例		PPI Well No.
3a. Address	1	Phone No. (include area	1 3400	4526553
2700 Farmington Ave., Bldg. K. Ste		37401 MA	1 3 1999 10	Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Descri	ption)	(5) 77		ero Chacra
2,130' FSL & 980' FEL Sec 30, T2	27N, R08W I		Chino DIM	County or Parish, State Juan NM
12. CHECK APPROPR	IATE BOX(ES) TO INDICA	ATE NATURE OF NO	OTICE, REPORT, OR	OTHER DATA
TYPE OF SUBMISSION		TYF	PE OF ACTION	
Notice of Intent	Acidize	Deepen	Production (Star	t/Resume) Water Shut-Off
X Subsequent Report	Alter Casing	Fracture Treat	Reclamation	Well Integrity
[X] succedus inter-	Casing Repair	New Construction	Recomple:e	X Other DHC
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporar ly Ab	andon
	Convert to Injection	Plug Back	Water Disposal	
Cross Timber Operating Co. has creturned to production on 3/25/9 tubing. 3-20-99 MIRU PU. TOH w/1-1/4" 3-23-99 RU to pull 2-3/8" tbg & seal assy. TIH w/40 jts 1-1/4	ompleted the workove 9 and is being prode tbg. SDFN. seal assy. Jarred	er to DHC the a uced from both seal assy loos	bove menticned formations via se from model "[DHC-2240 well. This well was a simple string of
3-24-99 RU air foam unit. CO s w/2-3/8" & 1-1/4" tbg. SDFN.				
3-25-99 TIH w/mule shoe, SN & 1 SN @ 4,365' KB. RU swab. Swabb	40 jts 2-3/8" produ ed well on. RWTP a	ction tbg. Lar s DHC. RDMO PU	nded tbg thru mo J.	odel "D" pkr @ 4,370° KB.
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Production Engineer				
		Date 5/7/99		
THI	S SPACE FOR FEDERA	AL OR STATE OF	FICE USE	
Approved by		Title		Date
Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations thereo	o those rights in the subject l			

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.

Form 3160-5 (November 1994)

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

	FOR	RM APPRO	OVE	D
1	Budget B	ureau No.	100	4-0135
	Expires	November	r 3 0,	2000

5. Lease	Serial No.
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SUNDRY	NOTICES	AND	REPORTS	ON	WELLS	UE	17	
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4 46			aala ta drill .	ar ta	ro-ontor an		1	1

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Do not use this form for particular abandoned well. Use Form	proposals to drill o n 3160–3 (APD) fo	or such proposals.	: 12: 53	6. If Indian, Allotte	e or Tribe Name	
SUBMIT IN TRIPLICATE -	Other instructions	s on reverse side		7. If Unit or CA/A	greement, Name and/or No	
1. Type of Well Oil Well X Gas Well Other		070 F/wames03	——————————————————————————————————————	8. Well Name and I Bolack C LS	No. #14A	
2. Name of Operator Cross Timbers Operating Company	Aran.			9. API Well No.		
3a. Address 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401					or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Otero Chacra Blanco Mesaverde 11. County or Parish, State		
2,130' FSL & 980' FEL Sec 30, T2	7N, R08W			San Juan	NM	
12. CHECK APPROPRI	ATE BOX(ES) TO	INDICATE NATURE OF NO	TICE, REPORT	, OR OTHER DATA	··	
TYPE OF SUBMISSION		TYF	E OF ACTION			
Notice of Intent X Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Inject	Deepen Fracture Treat New Construction Plug and Abandon Ction Plug Back	Reclamat	rily Abandon	Water Shut-Off Well Integrity Other DHC	
	1 11 1.	and a landary residence of management	- 1-4C		enrimeta duration thereof	

Describe Proposed or Coommpleted Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Cross Timber Operating Co. has completed the workover to DHC the above mentioned well. This well was returned to production on 3/25/99 and is being produced from both formations via a simple string of tubing.



14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	Production Engin	eer
	Date 4/13/99	ACCEPTED FOR RECOR
THIS SPACE FOR FEDERAL	OR STATE OFFICE USE	
Approved by	Title	Date/APR 2 2 1999
Conditions of approval, if any, are attached. Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject lead which would entitle the applicant to conduct operations thereon.	Office Office	FARMINGTON (TELL) OFFICE
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfull fraudulent statements or representations as to any matter within its jurisdiction.	y to make to any department or ago	ency of the United States any false, fictitious or
(Instructions on reverse)	000	