submitted in lieu of Form 3160-5

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

1

	ces and Reports on Wells		
	15/57	5.	Lease Number NM-0606
. Type of Well GAS	S FEB 2000 RECEIVED	6.	If Indian, All. or Tribe Name
	OILOON. DIV	7.	Unit Agreement Name
. Name of Operator	Ke nd		
RESOURCES OIL	& GAS COMPANY	·	_
		8.	Well Name & Number Atlantic A #21
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700		9.	API Well No. 30-045-23158
. Location of Well, Footage, Se		10.	Field and Pool
1550'FNL, 1650'FEL, Sec.29, 7	r-31-N, R-10-W, NMPM	11.	Blanco Pict'd Cliffs County and State San Juan Co, NM
2. CHECK APPROPRIATE BOX TO IN	DICATE NATURE OF NOTICE, REPOR	T, OTHER	DATA
2. CHECK APPROPRIATE BOX TO IN Type of Submission	Type of Action		
Notice of Intent		ge of Pl	
		Construc	fion Fracturing
X Subsequent Report	Casing Repair Wate	er Shut o	ff
Final Abandonment	Altering Casing Conv	version t	o Injection
	X Other -		
13. Describe Proposed or Comp	oleted Operations		
T TO OD DIL ND WH NIL Fr	ac valve. Attempt to PT csg to	o 3700 ps	i. Hole in csg @
830'-surface.	ND frac valve. NU WH. RD.		
1-27-00 RU. Drop soap st	icks. SDON.		
1-28-00 Flow well. RD. W	Nell turned over to production	•	
			na En S
			· · · · · · · · · · · · · · · · · · ·
14. I hereby certify that the	e foregoing is true and correc	:t.	
14. I hereby certify that the Signed	e foregoing is true and correc Title <u>Regulatory Administ</u>		te 2/3/00 TLW
X.an nla	Title <u>Requlatory Administ</u>	<u>rator</u> Da	te 2/3/00 TLW FOR RECOP
Signed <u>IMMU</u> Ale (This space for Federal or Sta APPROVED BY	Title <u>Regulatory Administ</u> te Office use) Title	Date	
Signed Ally alle (This space for Federal or Sta	Title <u>Regulatory Administ</u> te Office use) Title	Date	TLW CEPTOD FOR RECON