UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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	7 (1.43 1.4 7) 	1	
Sundry Not	ices and Reports on Well	S 0.4.10.1.5	
		3 PM 12: 45	Lease Number
. Type of Well GAS		11.00 TCM, NM 6.	NM-0558144 If Indian, All. or Tribe Name
	g garage services		Unit Agreement Name
. Name of Operator			
RESOURCES ^N OIL	& GAS COMPANY DEGI	ENTED.	Well Name & Number
PO Box 4289, Farmington, NM		9 1999 9. ON: DIV.	30-045-26985
. Location of Well, Footage, S	ec., T, R, M	10. I	Field and Pool
1000'FSL 1160'FWL, Sec.21, T	-32-N, R-8-W, NMPM ₩		Basin Fruitland Coa County and State
	\sim		San Juan Co, NM
	`	Danoba Oaman	DATA
2. CHECK APPROPRIATE BOX TO IN Type of Submission	DICATE NATURE OF NOTICE Type of Ac		DAIA
Notice of Intent		Change of Pl	ans
	Recompletion	New Construc	tion
X Subsequent Report	Plugging Back _	Non-Routine	Fracturing
	Casing Repair _	Water Shut o	eff
Final Abandonment	Altering Casing _		o Injection
	X_ Other - pump inst	allation	
13. Describe Proposed or Comp	leted Operations		
	BOP. TIH, tag up @ 357	7'. TOOH w/2 3/8	8″ 4.7# J-55
tbg. TIH w/4	¾" bit. SDON.		
5-28-99 Tag up @ 3577'.	Est circ. CO to PBTD @	3598'. TOOH bit	t. Tih
	3/8" 4.7# J-55 tbg to 3		iu wn.
PT & pump ac	ction OK. RD. Rig releas	ea.	
14. I hereby certify that the	e foregoing is true and	correct.	
signed May Mahu	Title Regulatory Ac	dministrator Dat	ce 6/3/99
(This space for Federal or Stat	ce Office use)		3000
APPROVED BY	Title	Date _	<u> </u>
CONDITION OF APPROVAL, if any:			agency of the
Title 18 U.S.C. Section 1001, makes it a crime for United States any false, fictitious or fraudulent s	any person knowingly and willfully to statements or representations as to any	make to any department or matter within its jurisd	iction.