

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other Instructions on reverse side

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

2. Name of Operator
J.M. HUBER CORPORATION

3a. Address 3b. Phone No. (include area code)
33587 HWY. 160E., DURANGO, GO 81301 (970) 247-7708

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FNL 660' FEL SEC 35 T31N - R4W,

5. Lease Serial No.
NM-89783

6. If Indian, Allottee, or Tribe Name
N/A

7. If Unit or CA Agreement Designation
PERMITS

8. Well Name and No.
CHICOSA #35-1

9. API Well No.
30-039-26422

10. Field and Pool, or Exploratory Area
BASIN FRUITLAND COAL

11. County or Parish, State
RIO ARRIBA, NEW MEXICO

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed 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 recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the 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 recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

MI & RU Professional Well Service. CPC = 200 PSIG. Blow down well to rig pit. ND wellhead and NU BOP's. Pick up new 2-3/8" tubing. Land bottom of tubing at 3,765' KB. TIH with 2" X 1-1/2" X 16' RWAC insert pump on 7/8" sucker rods. Space out pump. Rig down and release rig at 17:00 HRS, 10/23/02.

First production commenced at 12:20 HRS, 10/25/02. Production averaged GTSM and 52 BWPD with TP = 120 PSIG and CPF = 0 PSIG over the weekend.

This work was completed to save the lease.

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

Name (Printed/ Typed)

THOMAS M. ERWIN

Signature

Title

SOUTHERN ROCKIES OPERATIONS MANAGER

J.M. HUBER CORPORATION

Date

10/ 28/02

Approved by

Title

Date

Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

ACCEPTED FOR RECORD

Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

NMOCD

FARMER'S BUREAU OFFICE
BY