

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0135

RECEIVED

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. <b>SF 078707</b>
2. Name of Operator <b>CORDILLERA ENERGY, INCORPORATED</b>		6. If Indian, Allottee or Tribe Name <b>070 Farmington, NM</b>
3a. Address and Telephone No. <b>5802 HIGHWAY 64, FARMINGTON, NM 87401</b>	3b. Phone No. (include area code) <b>(505) 632-8056</b>	7. If Unit or CA/Agreement, Name, and/or No.
4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) <b>660' FNL &amp; 1960' FEL - UL "B" SEC. 13, T31N. R13W</b>		8. Well Name and No. <b>DUKE #1C</b>
		9. API Well No. <b>30-045-31211</b>
		10. Field and Pool, Or Exploratory Area <b>BLANCO MESA VERDE/BASIN DAKOTA</b>
		11. County or Parish, State <b>SAN JUAN COUNTY, NEW MEXICO</b>

12. CHECK APPROPRIATE BOX(ES) 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"/> Fracture Treat	<input type="checkbox"/> Recomplete
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> New Construction	<input type="checkbox"/> Temporarily Abandon
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Production (start/resume)	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Deepen	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Other <u>Squeeze(see attached)</u>

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 recompleate 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 recompleation 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 site is ready for final inspection.)

03/26/2003 RIH w/notched collar, 60 jts tbg to 6291'. Circ w/air to dry up hole. Set CIBP @ 5910'. Perf 4 jspf 90 deg phase @5897' w/600 psi nitrogen on hole. Pr drop immediately & communication established through 4-1/2" x 7" annulus.

03/27/2003 Cmt w/50sx (16 bbl) Poz scavenger (4% gel, 0.2% Halad 9, 1/2# FE-2) @ 11.0 ppg yielding 1.80 cuft/sx, 250 sx (58 bbl) 50/50 Poz w/2% gel, 1/4pps cellophane, 0.4% Halad 344, 0.1% HR 5 & 9.24 gps wtr @ 13.5 ppg (1.30 cuft/sx) wiper plug, 24 bbl 2% KCl. Pump job @ 3bpm. Test 4-1/2" csg to 6,000 psi. OK TOC @ 3830' at 30%. 90% from 4900' to 4500'.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) KAY S. ECKSTEIN	Title PRODUCTION TECHNICIAN
Signature <i>Kay Eckstein</i>	Date April 4, 2003

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
Conditions of approval, if any, are attached. Acoroval 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	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and wilfully 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.

NMOCD

# JOB LOG

**TICKET DATE**  
**3/26/2003**

COUNTY  
**GARFIELD**

**CUSTOMER REP / PHONE**  
**ROD SEALE**

APIUWI #	N/A
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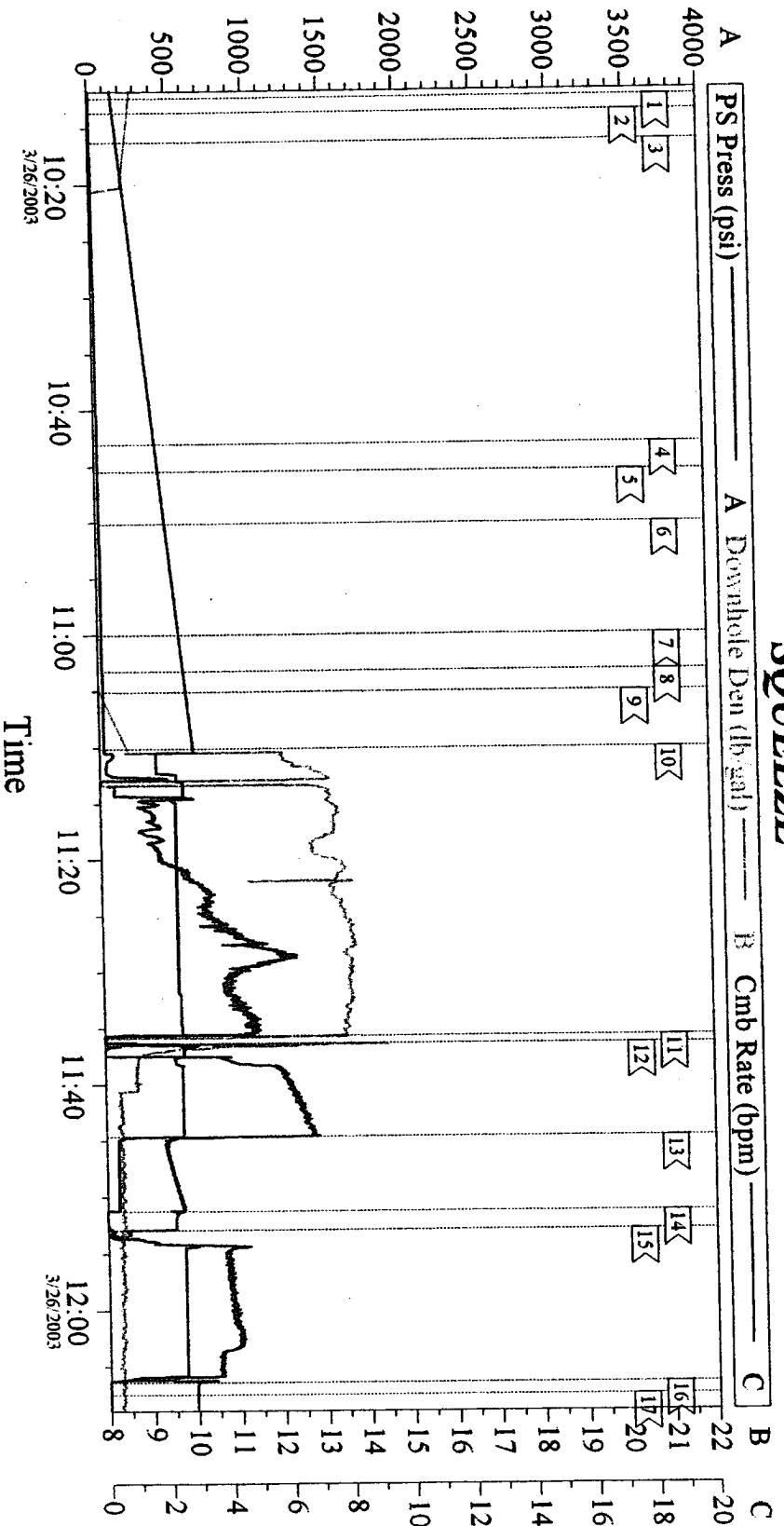
Description	<b>SQUEEZE</b>
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SEC / TWP / RNG  
**SEC / TWP / RNG**

[illegible]

HALLIBURTON		JOB SUMMARY		SALES ORDER NUMBER		TICKET DATE	
REGION <b>NORTH AMERICA</b>		MWA / C <b>ROCKY MOUNTAIN</b>		BDA / STATE <b>NEW MEXICO</b>		COUNTY <b>SAN JUAN</b>	
MBU ID / EMPL # <b>GJ0108 - 122510</b>		H.E.S. EMPLOYEE NAME <b>DON JAMES</b>		PSL DEPARTMENT <b>ZONAL ISOLATION</b>			
LOCATION <b>FARMINGTON, NM</b>		COMPANY <b>CORDILLERA</b>		CUSTOMER REP / PHONE <b>ROD SEALE</b>			
TICKET AMOUNT		WELL TYPE <b>02 GAS</b>		API/WI # <b>N/A</b>			
WELL LOCATION <b>AZTEC 87410</b>		DEPARTMENT <b>ZONAL ISOLATION 10003</b>		SAP BOMB NUMBER <b>7526</b>		Description <b>SQUEEZE</b>	
LEASE NAME <b>DUKE</b>		Well No. <b>1-C</b>		SEC / TWP / RNG <b>SEC 13 / TWP 31-N / RNG 13-W</b>			
H.E.S. EMP NAME / EMP # (EXPOSURE HOURS)		HRS		HRS		HRS	
<b>Don James 122510</b>		<b>5.0</b>		<b>Doug Oaks 121582</b>		<b>5.0</b>	
<b>Tim Rotunno 258030</b>		<b>5.0</b>					
<b>Ed Pettitt 122404</b>		<b>5.0</b>					
<b>Jake Ortega 159916</b>		<b>5.0</b>					
H.E.S. UNIT # / (R / T MILES)		R / T MILES		R / T MILES		R / T MILES	
<b>10195597</b>		<b>50</b>		<b>10212782</b>		<b>50</b>	
<b>10264856-10296148</b>		<b>50</b>					
<b>10248068</b>		<b>50</b>					
<b>10243548-10025024</b>		<b>50</b>					
Form. Name _____ Type: _____				Form. Thickness _____ From _____ To _____			
Packer Type _____ Set At _____				Bottom Hole Temp. _____ Pressure _____			
Retainer Depth _____ Total Depth _____							
<b>Tools and Accessories</b>							
Type and Size		Qty		Make			
Float Collar 4 1/2"				HES			
Float Shoe 4 1/2"				HES			
Centralizers 4 1/2"				HES			
Top Plug 4 1/2"				HES			
Limit Clamp 4 1/2"				HES			
DV Tool 4 1/2"				HES			
Insert Float 4 1/2"				HES			
Guide Shoe 4 1/2"				HES			
Weld-A				HES			
<b>Materials</b>							
Mud Type KCL		Density		9		Lb/Gal	
Disp. Fluid H2O		Density		8.33		Lb/Gal	
Prop. Type _____		Size _____		Lb			
Prop. Type _____		Size _____		Lb			
Acid Type _____		Gal. _____		%			
Acid Type _____		Gal. _____		%			
Surfactant _____		Gal. _____		In			
NE Agent _____		Gal. _____		In			
Fluid Loss _____		Gal/Lb		In			
Gelling Agent _____		Gal/Lb		In			
Fric. Red. _____		Gal/Lb		In			
Breaker _____		Gal/Lb		In			
Blocking Agent _____		Gal/Lb					
Perfpac Balls _____		Qty. _____					
Other _____							
Other _____							
Other _____							
Other _____							
Other _____							
<b>Summary</b>							
Circulating _____		Displacement _____		Preflush: Gal - BBI		5 Type: <b>WATER</b>	
Breakdown _____		Maximum _____		Load & Bkdn Gal - BBI		Pad: Bbl - Gal	
Lost Returns-YES		Lost Returns-NC		Excess /Return Gal BBI		Calc. Disp. 22.7	
Cmt Rtrn#Bbl 1		Actual TOC		Calc. TOC		Actual Disp. 22.7	
Average _____		Frac. Gradient		Treatment: Gal - BBI		Disp: Bbl-Gal BBL	
Shut In: Instant		5 Min. _____ 15 Min. _____		Cement Slur Gal - BBI		41	
				Total Volume Gal - BBI		68	
Frac Ring #1		Frac Ring #2		Frac Ring #3		Frac Ring #4	
<b>THE INFORMATION STATED HEREIN IS CORRECT</b> CUSTOMER REPRESENTATIVE							
SIGNATURE							

# SQUEEZE



Event Log					
1	START JOB	2	TEST LINES	3	LOAD HOLE
4	SHUT DOWN	5	PRESSURE UP BACK SIDE	6	PUMP WATER
7	SHUT DOWN	8	PUMP WATER	9	PUMP SPACER
10	PUMP CEMENT	11	SHUT DOWN DROP PLUG	12	PUMP DISPLACEMENT
13	SLOW RATE	14	SHUT DOWN	15	REVERSE OUT
16	SHUT DOWN	17	END JOB		