

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

**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  
CDX RIO, LLC

3a. Address  
4801 N. Butler, Suite 2000, Farmington NM 87401

3b. Phone No. (include area code)  
505-326-3003

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

940' FSL & 880 FEL  
Unit P, Sec 21, T26N, R5W

Lease Serial No.

Jicarilla Cont. 109

Indian, Allottee or Tribe Name

Jicarilla-Dulce, N.M.

If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Jicarilla Contract B #4E

9. API Well No.

30-039-22293

10. Field and Pool, or Exploratory Area

Dakota-Mesaverde

11. County or Parish, State

Rio Arriba, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter 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 checked="" 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 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 recompleat 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.)

Proposed operation - to start approximately October 15th

1. Run bit and casing scraper to PFTD.

2. Run GR/CBL log across Mesaverde.

3. Cement squeeze as necessary (notify the BLM before any cementing operations)

4. Set 4 1/2" CIBP at 5450' (100' below lowest MV perf).

5. Pressure test casing to 3,000 psi. If pressure holds, frac down casing, else, repair leak and frac down tubing.

6. Fracture stimulate Point Lookout and Lower Menefee (5080-5332, 25 shots).

7. Flowback frac and allow well to log off. Release packer, POOH.

8. Set 4 1/2" BP at 5050'.

9. Fracture stimulate Cliffhouse and Upper Menefee (4620-4904, 25 shots).

10. Flowback frac and allow well to log off. Release packer POOH.

11. Drill out bridge plugs.

12. Cleanout and test Mesaverde and Dakota for allocation purposes.

13. Run tubing and place on production as a Blanco Mesaverde and Basin Dakota producer.

*11/29/04 PER CDX, THEY WILL HAVE FLOWBACK TANK ON LOCATION*

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

David C. Smith

Title Production Engineer

Signature

Date

08/18/2004

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

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

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 to 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 page 2)

NMOC

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised June 10, 2003  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies  
☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-039-22293	<sup>2</sup> Pool Code 71599 / 72319	<sup>3</sup> Pool Name BLANCO MESAVERDE & BASIN DAKOTA
<sup>4</sup> Property Code	<sup>5</sup> Property Name JICARILLA CONTRACT B	<sup>6</sup> Well Number 4E
<sup>7</sup> OGRID No. 222374	<sup>8</sup> Operator Name CDX RIO, LLC	<sup>9</sup> Elevation 6536 GR

<sup>10</sup> Surface Location


UL or lot no. P	Section 21	Township 26N	Range R5W	Lot Idn	Feet from the 940	North/South line SOUTH	Feet from the 880	East/West line EAST	County RIO ARriba
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A  
NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

				<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature Printed Name Robert Lemmons Title and E-mail Address Operations Engineer, rob.lemmons@cdxgas.com Date 8/20/04
				<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. October 26, 1979 Date of Survey Signature and Seal of Professional Surveyor: ON FILE Certificate Number 3950
				