Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

RECEIVE

FORM APPROVED Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

JUL 15 2011

NMNM94827

	6. If Indian, Allottee or Tribe Name
Farmington Field Off Do not use this form for proposals to drill or to deepen or reentry to a different reservoing Ureau of Land Manage Use "APPLICATION FOR PERMIT" for such proposals	men.
SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well Oil Well Well Other	8. Well Name and No.
2. Name of Operator	Sandy No. 1
Redwolf Production, Inc.	9. API Well No.
3. Address and Telephone No.	30-045-32347
P. O. Box 5382, Farmington, NM 87499 (505) 326-4125	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	Basin Fruitland Coal
670' FSL & 1045' FEL	11. County or Parish, State
Section 32, T27N, R12W	San Juan County, NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION	,
Abandonment Recompletion Plugging Back Casing Repair Altering Casing Altering Casing Cother Return to Production Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date or proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and work.)* Redwolf Production, Inc. is in the process of returning this well to product that the work will be completed by August 1, 2011, and will send a substitute.	uction. We anticipate equent sundry at PECEIVED 30 30 30 30 30 30 30 30 30 3
14. I hereby certify that the foregoing is true and correct Signed Dava J. Welvesthal Title Vice-President	Date 95 7/13/2011
(This space for Federal or State office)	
Approved by Original Signed: Stephen Mason Title	Date JUL 1 8 2011
Conditions of approval, if any: Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the Unit.	ed States anv false.



fictitious or fraudulent statements or representations as to any matter within its jurisdiction.