

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR SAGEBRUSH OIL, INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM-012833
3. ADDRESS OF OPERATOR HC 78 BOX 21 REGINA, NM 87046	7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface UNIT LETTER M 710 FSL 660FWL SW/4SW/4	8. FARM OR LEASE NAME GREVEY
14. PERMIT NO. 30-039-22824	9. WELL NO. 1R
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 7345	10. FIELD AND POOL, OR WILDCAT PUERTO CHIQUITO
	11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA S. 26 T. 26N RIENMPM
	12. COUNTY OR PARISH RIO ARRIBA
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Pulled 150 ft. of corkscrewed tubing apart & then milled the remaining 150'.
Pump placed at 1860;
On 4/21/05, engine placed on pump jack;
On 4/22/05, started - well produced 17.30 barrels of oil in 4 days.

2005 MAY 6 PM 1 10
RECEIVED
OTO FARMINGTON NM

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

SIGNED Bert Charles TITLE President DATE 04/26/05

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

NMOC

*See Instructions on Reverse Side

MAY 09 2005

FARMINGTON FIELD OFFICE
BY lm