

FORM 3166-4
(July 1992)

SUBMIT IN LOCATE*

(See other instructions on reverse side)

FORM APPROVED

OMB NO. 1004-0137

Expires: February 28, 1995

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL OIL ☐ GAS ☒ DRY ☐ Other _____		1b. TYPE OF WORK NEW ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☒ REPAIR ☒ Other _____		2. NAME OF OPERATOR SG Interests I, Ltd. c/o Sagle & Schwab Energy Resources		3. ADDRESS AND TELEPHONE NO. PO Box 2677, Durango, CO 81302-2677		4. LOCATION OF WELL (Report locations clearly and in accordance with any State requirements.) At Surface 465' FNL & 1780' FWL At top prod. Interval reported below At total depth _____		5. LEASE DESIGNATION AND SERIAL NO. NMNM-24984		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT ACREMENT NAME		8. FARM OR LEASE NAME, WELL NO. Pot Mesa #4		9. API WELL NO. 30-031-20890		10. FIELD AND POOL OR WILDCAT Pot Mesa/Gomales Field 71629		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NENW Sec 10-T20N-R8W		12. COUNTY OR PARISH McKinley		13. STATE NM											
15. DATE SPUN 10/29/85		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.) 12/27/85 (2/8/04 for recompletion)		18. ELEVATIONS (DB, RCB, KT, CR, STU)* 6850' GR; 6858' KB		19. ELEV. CASINGHEAD 6850'		20. TOTAL DEPTH, MD & TVD 3790' MD 790' TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY Rotary		24. ROTARY TOOLS		25. CABLE TOOLS		26. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 650' - 658' Fruitland Coal		27. WAS DIRECTIONAL SURVEY MADE No		28. TYPE ELECTRIC AND OTHER LOGS RUN GR/CCL, IES Induction, Casing and Spectral Density		29. WAS WELL CORED No									
29. CASING RECORD (Report all strings set in well)		30. TUBING RECORD		31. LIFTER RECORD		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZ, ETC.		33. PRODUCTION		34. DISPOSITION OF GAS (Solid, used for fuel, vented, etc.)		35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		37. SIGNATURE Operations Manager		38. DATE 3/4/2004		39. TEST WITNESSED BY Tripp Schwab		40. VENTED Vented		41. FLOW, TUBING PRESS. Pumping		42. CASINO PRESSURE 60		43. CALCULATED 24-HOUR RATE 0		44. OIL-BBL. 0		45. GAS-MCF. 130		46. WATER-BBL. 2.5		47. OIL GRAVITY-API (COR.) N/A	

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OPERATOR

MAR 09 2004

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