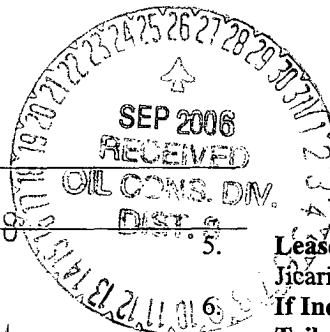


**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

Sundry Notices and Reports on Wells

2006 SEP 21 AM 8 08



1. Type of Well
GAS

RECEIVED
070 FARMINGTON NM

Lease Number
Jicarilla Contract 102
If Indian, All. or
Tribe Name
Jicarilla Apache
Unit Agreement Name

2. Name of Operator
CDX RIO, LLC

3. Address & Phone No. of Operator

2010 Afton Place, Farmington, New Mexico 87401 (505) 326-3003

4. Location of Well, Footage, Sec., T, R, M
2100' FSL, 665' FWL, Sec. 4, T-26-N, R-4-W, NMPM
Unit L (NWSW)

7. Well Name & Number

Jicarilla 102 #10N
API Well No.

9. 30-039-29772
10. Field and Pool

11. Blanco MV/Basin DK
County and State

DHC-2360az

Rio Arriba Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment <input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging <input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair <input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing <input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Spud

13. Describe Proposed or Completed Operations

9-13-06 MIRU. *(report hole size)*
 9-14-06 Spud well @ 6:30 a.m. 9-14-06. Drill to 320'. Circ hole clean. TOOH. TIH w/7 jts 9 5/8" 36# J-55 csg, set @ 312'. Cmt'd w/175 sx Class "G" cmt w/2% calcium chloride, 0.25 pps Flocele (207 cu.ft.). Displace w/wtr. Circ 5 bbl cmt to surface. WOC.
 9-15-06 NU BOP. PT blind rams, outside valves, inside valves & csg to 250 psi low, 1500 psi high, OK. PT pipe rams, floor valve, kelly valve, kill line valve to 250 psi low, 1500 psi high, OK. (PT's witnessed by BLM). TIH w/8 3/4" bit, tag up @ 261'. Drilling ahead.

APD ROW related

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

Signed Nancy Oltmanns Title Agent Date 9-19-06

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____
 CONDITION OF APPROVAL, if any:

NMOC

