UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Tribe Name 2. Name of Operator **RESCURSES*** OIL & GAS COMPANY 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool 1150'FSL, 850'FWL, Sec.22, T-28-N, R-5-W, NMPM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action X Notice of Intent Abandonment Plugging Back Casing Repair Altering Casing Final Abandonment Altering Casing Casing Repair Altering Casing Conversion to Injection X Other - Payadd 13. Describe Proposed or Completed Operations It is intended to perform payadd work on this well. Please provide surface stipulations. **CEPTED FOR RECOFFINED FOR RECOFFI	Sundry Notices and Reports on Wells	
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	CONDITION OF APPROVAL, if any:	

San Juan 28-5 #48

1150' FSL, 850' FWL Unit M Sec. 22, T-28 R-05W Rio Arriba County, New Mexico

KB 67**76**

GL 6764

Lat: 36o 38.55'

Long: 107o 21.11'

