

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 96184
2. Name of Operator RODDY PRODUCTION COMPANY, INC.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. BOX 2221 FARMINGTON, NM 87499 (505) 352-5220	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1705' FSL & 1160' FEL Sec. 9 T27N, R12W, NMPM	8. Well Name and No. Tidal No. 1
	9. API Well No. 30-045-06662
	10. Field and Pool, or Exploratory Area West Kutz Pictured Cliffs
	11. County or Parish, State San Juan, New Mexico

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other RETURN TO PRODUCTION
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any 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.)

THIS WELL WAS RETURNED TO PRODUCTION ON 05/09/1996.

RECEIVED
MAIL ROOM
MAY 17 AM 2:20
O/O FARMINGTON, NM

14. I hereby certify the foregoing is true and correct

Signed [Signature]

Title AGENT

Date MAY 13, 1996

(This space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by _____
Conditions of approval, if any:

Title _____

Date MAY 22 1996

FARMINGTON DISTRICT OFFICE

NMOCD

BY [Signature]