UNITED STATES DEPARTMENT OF THE INTERIOR SECTIVED BUREAU OF LAND MANAGEMENT SIM

S. Lease Number SP-078138-A If Indian, All. or Tribe Name 7. Unit Agreement Name 8. Mell Name & Number Current #2 9. API Well No. Current #2 9. API Well No. Current #2 9. API Well No. 30-045-22647 10. Location of Well, Footage, Sec., T, R, M 10. Field and Pool Basin Dakota 11. County and State San Juan Co, NM 11. Location of Well, Footage, Sec., T, R, M 12. CHRCK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission 13. Describe Proposed or Completed Operations 14. Final Abandonment 15. Lease Number Symbols Action 16. Location of Well, Footage, Sec., T, R, M 17. Vield and Pool Basin Dakota 11. County and State San Juan Co, NM 18. County and State San Juan Co, NM 19. Apple of Submission 19. Other Operator Charge of Plans 20. Casing Repair Mon-Routine Fracturing Casing Repair Conversion to Injection X Other - tubing repair 19. Describe Proposed or Completed Operations 19. Other - tubing repair 10. Describe Proposed or Completed Operations 10. Other - tubing repair 10. Final Abandonment Spin W. W. NU BOP. TOOH W/2-3/8" tbg. TIH W/mill. SDON. 10. Other - tubing repair 10. Describe Proposed or Completed Operations 10. Other - tubing repair 11. County and State Spin W. R. Spin W. Spin W. R. Spi		Sundry Noti	ces and Repo	rts en Wella h	Z: 40		· · ·
RESOURCES OIL & GAS COMPANY 8. Well Name & Number Current #2 Out & GAS COMPANY 8. Well Name & Number Current #2 Out & GAS COMPANY 8. Well Name & Number Current #2 Out & GAS COMPANY 8. Well Name & Number Current #2 Out & GAS COMPANY 9. API Well No. 30-045-22647 10. Field and Fool Basin Dakota 11. County and State San Juan Co, NM 1750'FNL 1450'FEL, Sec.11, T-30-N, R-11-W, NMPM 10. Field and Fool Basin Dakota 11. County and State San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Abandonment Change of Plans Recompletion New Construction New	. Type of Well GAS			070 Pro (2) () NN 5	. s	SF-078138-A If Indian, All. or
RESOURCES OIL & GAS COMPANY 8. Well Name & Number Current #2 Out & GAS COMPANY 8. Well Name & Number Current #2 Out & GAS COMPANY 8. Well Name & Number Current #2 Out & GAS COMPANY 8. Well Name & Number Current #2 Out & GAS COMPANY 9. API Well No. 30-045-22647 10. Field and Fool Basin Dakota 11. County and State San Juan Co, NM 1750'FNL 1450'FEL, Sec.11, T-30-N, R-11-W, NMPM 10. Field and Fool Basin Dakota 11. County and State San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Abandonment Change of Plans Recompletion New Construction New					7	7 . T	Init Agreement Nam
Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. API Well No. 30-045-22647 Location of Well, Footage, Sec., T, R, M 10. Field and Pool 1750'FNL 1450'FEL, Sec.11, T-30-N, R-11-W, NMPM Basin Dakota 11. County and State San Juan Co, NM 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Notice of Intent Abandonment Change of Plans Recompletion New Construction X Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection X Other - tubing repair 3. Describe Proposed or Completed Operations 8-11-99 MIRU. ND WH. NU BOP. TOOH w/2-3/8" tbg. TIH w/mill. SDON. 8-12-99 CO to PBTD @ 6965'. TOOH w/mill. SDON. 8-13-99 TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. PT tbg to 500 psi. Expendable check would not pump off. ND WH. NU BOP. TOOH w/2-3/8" tbg. SDON. 8-14-99 TIH, tag up @ 6959'. CO to PBTD @ 6965'. TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. RD. Rig released. 44. I hereby certify that the foregoing is true and correct. Signed Manday Title Regulatory Administrator Date 8/18/99 TIM This space for Federal or State Office use) LPPROVED BY TITLE Date Date CONDITION OF APPROVAL, if any:							
Current #2 PO Box 4289, Farmington, NM 87499 (505) 326-9700 1. Location of Well, Footage, Sec., T, R, M 1. Location of Well, Footage, Sec., T, R, M 1. Location of Well, Footage, Sec., T, R, M 1. Location of Well, Footage, Sec., T, R, M 1. County and State 1. County and State San Juan Co, NM 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Notice of Intent Recompletion Recompletion Recompletion Recompletion Non-Routine Fracturing Casing Repair Water Shut off Final Abandonment Altering Casing Conversion to Injection X. Other - tubing repair 3. Describe Proposed or Completed Operations 8-11-99 MIRU. ND WH. NU BOP. TOOH w/2-3/8" tbg. TIH w/mill. SDON. 8-12-99 CO to PBTD @ 6965'. TOOH w/mill. SDON. 8-13-99 TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. PT tbg to 500 psi. Expendable check would not pump off. ND WH. NU BOP. TOOH w/2-3/8" tbg. SDON. 8-14-99 TIH, tag up @ 6959'. CO to PBTD @ 6965'. TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. RD. Rig released. 44. I hereby certify that the foregoing is true and correct. Signed WHAT A Title Requisitory Administrator Date 8/18/99 TIW This space for Federal or State Office use) Lagrand Title Date Correct #2 APPROVED BY Title Date Correct #2 APPROVED BY Title Date	RESOU		& GAS COMPANY	SET Z I	Server training		
PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. API Well No. 30-045-22647 1. Location of Well, Footage, Sec., T, R, M 10. Field and Pool 1750'FNL 1450'FEL, Sec.11, T-30-N, R-11-W, NMPM Basin Dakota 11. Country and State San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Notice of Intent Abandonment Change of Plans Recompletion New Construction Notice of Intent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection X Other - tubing repair 3. Describe Proposed or Completed Operations 8-11-99 MIRU. ND WH. NU BOP. TOOH w/2-3/8" tbg. TIH w/mill. SDON. 8-12-99 CO to PBTD @ 6965'. TOOH w/mill. SDON. 8-13-99 TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. PT tbg to 500 psi. Expendable check would not pump off. ND WH. NU BOP. TOOH w/2-3/8" tbg. SDON. 8-14-99 TIH, tag up @ 6959'. CO to PBTD @ 6965'. TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. RD. Rig released. 44. I hereby certify that the foregoing is true and correct. Signed Title Regulatory Administrator Date 8/18/99 TIW This space for Federal or State Office use) LEPPROVED BY TITE TITE Date CEPPTED FOR RECO	Address & Pho	one No. of Operat	or	- (11), (())}			
. Location of Well, Footage, Sec., T, R, M 10. Field and Fool 1750'FNL 1450'FEL, Sec.11, T-30-N, R-11-W, NMPM 11. County and State San Juan Co, NM 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Notice of Intent Abandonment Recompletion Recompletion New Construction Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Laltering Casing Conversion to Injection X. Other - tubing repair 3. Describe Proposed or Completed Operations 8-11-99 MIRU. ND WH. NU BOP. TOOH w/2-3/8" tbg. TIH w/mill. SDON. 8-12-99 Coto PBTD @ 6965'. TOOH w/mill. SDON. 8-13-99 TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. PT tbg to 500 psi. Expendable check would not pump off. ND WH. NU BOP. TOOH w/2-3/8" tbg. SDON. 8-14-99 TIH, tag up @ 6959'. CO to PBTD @ 6965'. TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. RD. Rig released. 4. I hereby certify that the foregoing is true and correct. igned Title Reculatory Administrator Date 8/18/99 TLW This space for Federal or State Office use) PPROVED BY Title Date CACCEPTED FOR RECO	PO Box 4289	, Farmington, NM	87499 (505)	326-9700	و (^ک). <i>1</i>	API Well No.
2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Notice of Intent Abandonment Recompletion New Construction New Co	. Location of N	Well, Footage, Se	c., T, R, M		1		
Type of Submission Notice of Intent Abandonment Notice of Intent Recompletion New Construction Plugging Back Non-Routine Fracturing Casing Repair Attering Casing Conversion to Injection X Other - tubing repair 3. Describe Proposed or Completed Operations 8-11-99 MIRU. ND WH. NU BOP. TOOH w/2-3/8" tbg. TIH w/mill. SDON. 8-12-99 CO to PBTD @ 6965'. TOOH w/mill. SDON. 8-13-99 TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. PT tbg to 500 psi. Expendable check would not pump off. ND WH. NU BOP. TOOH w/2-3/8" tbg. SDON. 8-14-99 TIH, tag up @ 6959'. CO to PBTD @ 6965'. TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. RD. Rig released. 4. I hereby certify that the foregoing is true and correct. Signed Title Regulatory Administrator Date 8/18/99 TLW This space for Federal or State Office use) LEPROVED BY TITLE Date CONDITION OF APPROVAL, if any: Date ACCEPTED FOR RECO	1750'FNL 1450	O'FEL, Sec.11, T-	-30-N, R-11-W	, ММРМ	1	11. (County and State
Notice of IntentAbandonmentChange of Plans						HER D	ATA
X_ Subsequent Report			Abandon	ment C	hange of		
Gasing Repair Water Shut off Altering Casing Conversion to Injection X_ Other - tubing repair 3. Describe Proposed or Completed Operations 8-11-99 MIRU. ND WH. NU BOP. TOOH w/2-3/8" tbg. TIH w/mill. SDON. 8-12-99 CO to PBTD @ 6965'. TOOH w/mill. SDON. 8-13-99 TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. PT tbg to 500 psi. Expendable check would not pump off. ND WH. NU BOP. TOOH w/2-3/8" tbg. SDON. 8-14-99 TIH, tag up @ 6959'. CO to PBTD @ 6965'. TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. RD. Rig released. 4. Phereby certify that the foregoing is true and correct. Figned Title Regulatory Administrator Date 8/18/99 TIW This space for Federal or State Office use) PPROVED BY	X Subse	equent Report					
A. Phereby certify that the foregoing is true and correct. Signed A. Phereby certify that the foregoing is true and correct. Title Regulatory Administrator Date 8/18/99 This space for Federal or State Office use) PPPROVED BY Tooh W. NU BOP. TOOH w/2-3/8" tbg. TIH w/mill. SDON. 8-11-99 MIRU. ND WH. NU BOP. TOOH w/2-3/8" tbg. SDON. 8-12-99 CO to PBTD @ 6965'. TOOH w/mill. SDON. 8-13-99 TIH w/218 jts 2-3/8" tbg. SDON. 8-14-99 TIH, tag up @ 6959'. CO to PBTD @ 6965'. TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. RD. Rig released.		oquene nepere	Casing	Repair Wa	ater Shut	off	
8-11-99 MIRU. ND WH. NU BOP. TOOH w/2-3/8" tbg. TIH w/mill. SDON. 8-12-99 CO to PBTD @ 6965'. TOOH w/mill. SDON. 8-13-99 TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. PT tbg to 500 psi. Expendable check would not pump off. ND WH. NU BOP. TOOH w/2-3/8" tbg. SDON. 8-14-99 TIH, tag up @ 6959'. CO to PBTD @ 6965'. TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. RD. Rig released. 44. Phereby certify that the foregoing is true and correct. Signed Title Regulatory Administrator Date 8/18/99 TLW (This space for Federal or State Office use) APPROVED BY Title Date CONDITION OF APPROVAL, if any:	Fina	l Abandonment			onversior	ı to	Injection
8-12-99 CO to PBTD @ 6965'. TOOH w/mill. SDON. 8-13-99 TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. PT tbg to 500 psi. Expendable check would not pump off. ND WH. NU BOP. TOOH w/2-3/8" tbg. SDON. 8-14-99 TIH, tag up @ 6959'. CO to PBTD @ 6965'. TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. RD. Rig released. 44. Phereby certify that the foregoing is true and correct. Signed	. Describe	Proposed or Compl	leted Operati	ons			
8-14-99 TIH, tag up @ 6959'. CO to PBTD @ 6965'. TIH w/218 jts 2-3/8" 4.7# J-55 tbg, set @ 6909'. ND BOP. NU WH. RD. Rig released. 4. I hereby certify that the foregoing is true and correct. Signed	8-12-99	CO to PBTD @ 696 TIH w/218 jts 2- tbg to 500 p	55'. TOOH w/m -3/8" 4.7# J- osi. Expendab	ill. SDON. 55 tbg, set @ le check would	6909'. NI	BOP	. NU WH. PT
Title Regulatory Administrator Date 8/18/99 TLW This space for Federal or State Office use) ACCEPTED FOR RECORD	8-14-99	TIH, tag up @ 69	959'. CO to P	BTD @ 6965'. T		-	2-3/8" 4.7# J-55
This space for Federal or State Office use) PPROVED BY	4. I hereby	certify that the	foregoing is	true and corr	ect.		
ACCEPTED FOR RECO					strator I	Date	8/18/99 TLW
CONDITION OF APPROVAL, if any:		Federal or State			Date		
	CONDITION OF AP	-	 		_	ACC	CEPTED FOR RECOF