UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT RECEIVED

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 2245'FSL 1675'FWL, Sec.15, T-31-N, R-9-W, NMFM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action X Notice of Intent Abandonment Recompletion Plugging Back Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X Other - recavitate 13. Describe Proposed or Completed Operations It is intended to recavitate the subject well in the following manner: MIRU. Pull the tubing. Pull the 5 %" liner. Cavitate the Fruitland Coal formation utilizing natural and air assisted surges until the well stabilizes. Clean the well to TD and run a 5 %", 15.54, K-55 casing liner. The liner will be pre-perforated 4 SPF across the coal intervals. Re-run the production tubing. The well will then be returned to production.			
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Tribe Name 7. Unit Agreement Name 8an Juan 32-9 Unit RESOURCES 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 2245'FSL 1675'FWL, Sec.15, T-31-N, R-9-W, NMPM Basin Fruitland Co. 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 Submission X Notice of Intent Recompletion Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Casing Repair Water Shut off Altering Casing Conversion to Injection X Other - recavitate 13. Describe Proposed or Completed Operations It is intended to recavitate the subject well in the following manner: MIRU, Pull the tubing, Pull the 5 %" liner. Cavitate the Fruitland Coal formation utilizing natural and air assisted surges until the well stabilizes. Clean the well to TD and run a 5 %", 15.5%, K-55 casing liner. The liner will be pre-perforated 4 SPF across the coal intervals. Re-run the production tubing. The well will then be returned to production. 14. I hereby certify that the foregoing is true and correct. Signed Title Regulatory Administrator Date 11/25/98 TLN This space for Federal or State Office use) APPROVED BY SYDuanc W. Spencer Title Date DEC - 4 1998		50000 10000	5. Lease Number SF-078386
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	CONDITION OF APPROVAL ASPENCES	Title	Date
		ing person knowingly and willfully to make to any	department or agency of the