submitted	in	lieu	of	Form	3160-	- 5			and the same	, port
					U	NITE	ED S	TAT	ES	
				DEI	PARTMI	ENT	OF	THE	INTERI	OR
				в	JREAU	OF	LAN	ID MA	ANAGEME	NT

	5.	Lease Number SF-078386	
1. Type of Well GAS	6.	If Indian, All. or Tribe Name	
	7.	Unit Agreement Name	
2. Name of Operator			
RESOURCES OIL & GAS COMPANY	8.	San Juan 32-9 Unit Well Name & Number	
3. Address & Phone No. of Operator	0.	San Juan 32-9 U #11	
PO Box 4289, Farmington, NM 87499 (505) 326-9700	9.	<b>API Well No.</b> 30-045-28988	
4. Location of Well, Footage, Sec., T, R, M	10.	Field and Pool	
1005'FNL, 1605'FEL, Sec.17, T-31-N, R-9-W, NMPM	11.	Basin Dakota County and State San Juan Co, NM	
Subsequent Report Plugging Back N	Jew Construct Jon-Routine I Jater Shut of Conversion to	Fracturing Ef	
Please extend the shut-in of the subject well. It ha	as never prod		
evaluated for workover.		luced and is being	
evaluated for workover.		duced and is being	
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