UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

	tices and Reports on Wells		
	£. Î. î.	5.	Lease Number SF-081098
1. Type of Well GAS		6.	If Indian, All. o Tribe Name
		7.	Unit Agreement Na
2. Name of Operator			
$RESOURCES$ $_{ m oil}$	& GAS COMPANY		
3. Address & Phone No. of Opera	ator	8.	Well Name & Numbe Riddle #1B
PO Box 4289, Farmington, M		9.	API Well No. 30-045-30043
4. Location of Well, Footage,	Sec., T, R, M	10.	Field and Pool
1790'FSL, 1830'FWL, Sec.4, T-30-N, R-9-W, NMPM			Blanco Mesaverde
		11.	County and State San Juan Co, NM
12. CHECK APPROPRIATE BOX TO I	NDICATE NATURE OF NOTICE. REP	ORT, OTHER	DATA
Type of Submission	Type of Action	,	
Notice of Intent		ange of Pl	
		w Construc	
X Subsequent Report			Fracturing
	Casing Repair Wa Altering Casing Co	ter Shut o	
Final Abandonment	Aftering Casing Co. _X_ Other - Spud, casing,		.0 11170011011
13. Describe Proposed or Com	pleted Operations		
TIH w/5 jts	<pre>② 5:00 pm 2-16-00. Drill to 9 5/8" 32.3# WC-50 ST&C csg,</pre>	set @ 248'	. Cmtd $w/225~{ m sx}$
Class "B" ne	at cmt w/3% calcium chloride, bbl cmt to surface. WOC.		cellophane (266 cu
Class "B" ne	at cmt $w/3$ % calcium chloride,	MAR 20 REUSEN CILCON DISTIS	cellophane (266 cu
Class "B" ne ft). Circ 17 APD ROW Related	at cmt $w/3$ % calcium chloride,	MAR 20 REUMA CILCON DIST	00
Class "B" ne ft). Circ 17 APD ROW Related 14. I hereby certify that the Signed many and the signed many	at cmt w/3% calcium chloride, bbl cmt to surface. WOC.	MAR 20 REUMA CILCON DIST	00
Class "B" ne ft). Circ 17 APD ROW Related 14. I hereby certify that the	at cmt w/3% calcium chloride, bbl cmt to surface. WOC. Deforegoing is true and correction of the Regulatory Administrate Office use) Title	MAR 20 REUMA CILCON DIST	00