

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 checked="" type="checkbox"/> Oil Well <u>Play A</u> <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. MN-04444
2. Name of Operator Vulcan Minerals & Energy, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 650 N. Sam Houston Pkwy E. Suite 500 Houston, Tx 77060 (281) 931-3800	7. If Unit or CA. Agreement Designation Northeast Hogback Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1500' FNL and 2300' FEL Sec. 14 T30N, R16W NMPM	8. Well Name and No. Northeast Hogback Unit #70
	9. API Well No. 30-045-30364
	10. Field and Pool, or Exploratory Area Horseshoe Gallup
	11. County or Parish, State San Juan County, NM

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 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 <u>Extension</u>
	<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
	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all 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.)\*

Please extend the APD for this well for another 12 months.

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2002 MAY -6 PM 12:33  
BUREAU OF LAND MANAGEMENT

14. I hereby certify that the foregoing is true and correct		
Signed <u>Ken Jackson</u>	Title <u>Regulatory Compliance</u>	Date <u>05/01/02</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any manner within its jurisdiction.

\*See Instruction on Reverse Side

NMOC

MAY 13 2002

BRANSON FIELD OFFICE  
MAY 13 2002