## UNITED STATES

## DEPARTMENT OF THE INTERLORGE VECTOR

	ices and Reports on Wellis 9:39	
1. Type of Well GAS	070 Franciscott, MM	5. Lease Number SF-078507 6. If Indian, All. or Tribe Name
		7. Unit Agreement Name
2. Name of Operator		San Juan 32-9 Unit
RESOURCES AT	& GAS COMPANY	
OIL	& GAS COMPANI	Well Name & Number
3. Address & Phone No. of Opera		San Juan 32-9 U#295
PO Box 4289, Farmington, NM		90 API Well No. 30-045-28038
4. Location of Well, Footage, Se		10. Field and Pool
1875'FSL 1265'FWL, Sec.26, T	-32-N, R-10-W, NMPM	Basin Fruitland Coa 11. County and State San Juan Co, NM
12. CHECK APPROPRIATE BOX TO IN	DICATE NATURE OF NOTICE, REPORT, O	THER DATA
Type of Submission	<b>Type of Action</b> Abandonment Change o	f Plans
_X_ Notice of Intent	Recompletion New Cons	
Subsequent Report	Plugging Back Non-Rout	ine Fracturing
	Casing Repair Water Sh Altering Casing Conversi	
Final Abandonment	Aftering casing conversi _X_ Other - recavitate	on to injection
13. Describe Proposed or Comp	oleted Operations	·
It is intended to recavit	ate the subject well in the follow	ing manner:
formation utilizing natur Clean the well to TD and	all the 5 ½" liner. Cavitate the Freal and air assisted surges until trun a 5 ½", 15.5#, K-55 casing linecross the coal intervals. Re-run ten be returned to production.	he well stabilizes. er. The liner will
be pre-perforated 4 SPF a tubing. The well will the		
14. I hereby certify that the Signed May State or State	foregoing is true and correct.  Title Regulatory Administrator  The Office use)	TLW
14. I hereby certify that the Signed May Stall Rue	Title Requiatory Administrator	DEC - A topo