UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

| | | 5. | Lease Number 14-20-603-5012 |
|--|---------------------------------------|----------------|--|
| 1. Type of Well | | 6. | If Indian, All. or |
| · · · · · · · · · · · · · · · · · · · | | . 0. | Tribe Name |
| Oil Harrison fet, | | | |
| Manual fel, | AON 2001 | a A. Sharak | Navajo |
| | | 7. | Unit Agreement Name |
| 2. Name of Operator | | | N/A |
| Texas Pacific Oil & Gas Co., C/O Joseph E. Seagrams & S | ons, Inc. | 5.7.1 | |
| Attn: Goerge Bushnell | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| , with coolings bushings | | ø | Well Name & Number |
| 3. Address & Phone No. of Operator | | | |
| | · . | | Navajo #13 |
| 800 3 rd Ave., New York City, NY 10022-7699 | | 9. | API Well No. |
| | | | 30-045-21754 Field and Pool |
| 4. Location of Well, Footage, Sec., T, R, M | | 10. | Field and Pool |
| 1650' FSL and 1650' FWL Sec.27 , T-32-N, R-17-W, NMPM | | | Many Rocks |
| 1000 1 02 and 1000 1 112 000.21 , 1 02 11, 11 11, 1111 11 | | | many resolution |
| | | 4.4 | 0 1 0 01 1 |
| | | 11. | County & State |
| | | | San Juan County, NM |
| | | | |
| 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF | NOTICE, REPORT, C | THER C | ATA |
| Type of Submission Type of Action | • | | |
| | Change of Plans | | |
| | | | |
| Recompletion | _New Construction | | |
| Subsequent ReportPlugging Back | _Non-Routine Fracturi | ng | |
| Casing Repair | _Water Shut off | | |
| X Final AbandonmentAltering Casing | Conversion to Inject | ion | |
| Other - | | | |
| *• | | | |
| 13. Describe Proposed or Completed Operations | | | |
| | | | |
| | | | |
| This wells surface has been rectared and rese | odod in compliance | a with t | ha DIM and DIA's |
| This wells surface has been restored and rese | • | | |
| stipulations and was inspected by Linda Taylo | r with the BIA on 1 | 1-01-00 |). |
| | | | |
| Taxaa Daalfia waxaa aha wala aa a fuuus blaa ayyaab | | | |
| Texas Pacific requests release from the surety | y bona. | | ÷.) |
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| 14. I hereby certify that the foregoing is true and correct. | | | |
| 14. Thereby certify that the foregoing is true and correct. | | | |
| ~ Will . TU / _ / | | | |
| Signed Willem Felant Title Contractor | Date | 1/19/01 | |
| William F. Clark, A-Plus Well Service | | | |
| , | | | |
| (This space for Fegeral or State Office use) Acting | ······ | 11 | |
| APPROVED BY A JULY Title | Date 4 | 14/n1 | |
| CONDITION OF APPROVAL, if any: | Date | 1701 | |
| CONDITION OF AFFROVAL, II ally. | , , | | |