submitted in lieu of Form 3160-5

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCT 2 1 1996

Gureau of Land Halfagement Durango, Colorado

5. Lease Number 1. Type of Well GAS 1. Type of Well GAS 2. Name of Operator ### PESOURCES** OIL & GAS COMPANY 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T, R, M 2000'FNL, 1925'FEL, Sec.17, T-32-N, R-14-W, NMFM NSL-3704 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER BATA Type of Submission Notice of Intent Abandonment Notice of Intent Action Gasing Repair Plugging Back Casing Repair Altering Gasing Conversion to Injection 10-14-96 MIRU. ND WH. NU BOP. TIH w/S 1/2" csg scraper. 10-15-96 TIH, tag cmt & 6750'. Drill cmt & 6750-6780'. TIH, drill cmt & 8413-8443'. Roll hole w/21 & Kel burt. TOON. TIH, znn CST log & 7100-843'. Ran CBL & 0-8443', TOC & surface. RD. FT csg to 7000 psi/15 min, OK. CONTRACTOR 14. I hereby Certify that the Foregoing is true and correct. Signed 14. I hereby Certify that the Foregoing is true and correct. Title Regulatory Administrator Date 10/16/96 Title Regulatory Administrator Date 10/16/96 Title Date Title Date	Sundry Notices	and Reports	on Wells		
1. Type of Well GAS Company 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T. R. M. 2000 FNL, 1925 FEL, Sec.17, T-32-N, R-14-W, NMPM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Notice of Intent Notice of Intent Subsequent Report Pinal Abandonment Altering Casing Book Altering Casing Water Shut off Conversion to Injection Conversion			···-	5	Lease Number
Tribe Name Ute Mountain Ute Unit Agreement Name 7. Name of Operator **BESOURCES*** OIL & GAS COMPANY 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T. R. M. 2000*FNL, 1925*FEL, Sec.17, T-32-N, R-14-W, NMPM 10. Field and Fool Backer Dome Dst Cree NSL-3704 11. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Notice of Intent Recompletion New Construction Recompletion Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection 10-14-96 MIRU, ND WH. NU BOP. TIH w/5 1/2" cag scraper. 10-15-96 TIH, tag cmt @ 6750*D. Drill cmt @ 6750-6780*. TIH, drill cmt @ 8413-8443*. Roll hole w/28 Kcl wtr. TOOH. TIH, ran CST log @ 7100-8443*. Ran CBL @ 0-843*. TOC & surface. RD. PT csg to 7000 psi/15 min, OK. **CONTINENTAL Label Control of Control o				٠.	
Tribe Name Tribe Name Tribe Name The Number OIL & GAS COMPANY 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T. R. M 2000'RNL, 1925'FEL, Sec.17, T-32-N, R-14-W, NMPM 10. Field and Pool Barker Dome Dst Cree 11. County and State San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Notice of Intent Recompletion Notice of Intent Subsequent Report Casing Repair Altering Casing Conversion to Injection Non-Routine Fracturing Water Shut off Altering Casing Conversion to Injection 10-14-96 MTRU. ND WH. NU BOP. Tith w/5 1/2" csg scraper. 10-14-96 TITH, tag cmt 8 6750'. Drill cmt 2 6750-6780'. TIH, drill cmt 8 8413-8443'. Roll hole w/22 kcl wtr. TOOH. TIH, ran CET log 8 7100-8443'. Ran CBL 8 0-8443', ToC 8 surface. RD. PT csg to 7000 psi/15 min, OK. CONSTRUCTION 14. I hereby Certify that the foregoing is true and correct. Signed May Mathwell Title Regulatory Administrator Date 10/16/96 (This space for Federal or State Office use) Date	1. Type of Well			6.	If Indian, All. or
7. Unit Agreement Name **RESOURCES*** OIL & GAS COMPANY 3. Address & Phone No. of Operator					
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3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. API Well No. 30-045-29395 4. Location of Well, Footage, Sec., T, R, M 2000'FNL, 1925'FEL, Sec.17, T-32-N, R-14-W, NMPM 10. Field and Pool Barker Dome Dst Cree NSL-3704 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Notice of Intent Recompletion Notice of Intent Recompletion Recompletion Recompletion Recompletion Resomble Barker Studies Recompletion Non-Routine Fracturing Casing Repair Ret Shut off Altering Casing Repair Ret Shut off Roll of Stock Relation Recompletion Recompletion Non-Routine Fracturing Casing Repair Ret Shut off Altering Casing Report Relation Recompletion Recom				/ •	Unit Agreement Name
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2000'FNL, 1923'FEL, Sec.17, T-32-N, R-14-W, NMPM 11. County and State San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Notice of Intent Abandonment Recompletion New Construction Non-Routine Fracturing Recompletion Altering Casing Repair Altering Casing Conversion to Injection X Other - CBL 13. Describe Proposed or Completed Operations 10-14-96 MIRU. ND WH. NU BOP. TIH w/5 1/2" csg scraper. 10-15-96 TIH, tag cmt @ 6750'. Drill cmt @ 6750-6780'. TIH, drill cmt @ 8413-8443'. Ran CBL @ 0-8443', TOC @ surface. RD. PT csg to 7000 psi/15 min, OK. CONSTITUTE 14. I hereby certify that the foregoing is true and correct. Signed Market State Office use) Approved by Title Date Date					
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CCT 3 8 9332 14. I hereby certify that the foregoing is true and correct. Signed hubble Title Regulatory Administrator Date 10/16/96 (This space for Federal or State Office use) APPROVED BY	13. Describe Proposed or Complete 10-14-96 MIRU. ND WH. NU BOX 10-15-96 TIH, tag cmt @ 6750 Roll hole w/2% Kcl	Altering Ca X Other - CB ed Operations P. TIH w/5 1/2 O'. Drill cmt l wtr. TOOH. T	Conversion	H, dr: 9 7100 15 mir	ill cmt @ 8413-8443'. D-8443'. Ran CBL @ n, OK.
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Signed Shakhuld Title Regulatory Administrator Date 10/16/96	B. C. S.	<u> </u>			
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