

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007**SUNDRY NOTICES AND REPORTS ON WELLS****Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.****SUBMIT IN TRIPLICATE- Other instructions on reverse side.**1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
**SDG Resources L P**3a. Address  
**P. O. Box 1390 Montrose, CO 81402**3b. Phone No. (include area code)  
**432.550.7580**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**2310 Feet From The NORTH Line and 1650 Feet From The WEST Line; Section 19, Township 24S, Range 37E.**

5. Lease Serial No.

**NM 12612**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**Cooper Jal Unit**

8. Well Name and No.

**208**

9. API Well No.

**30 025 11158**10. Field and Pool, or Exploratory Area  
**JALMAT:**

11. County or Parish, State

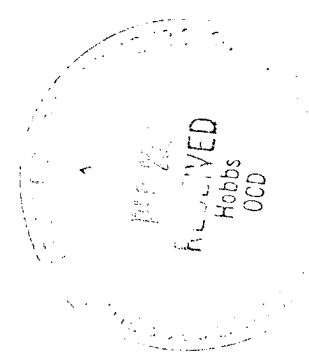
**LEA****12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>Replace Rods,</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>Hydrotest and</b>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<b>Replace Tubing.</b>

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**Objective: Hydrotest, Replace Tubing and Rods.**

1. Rigged up Pulling Unit on 06/29/04.
2. Pulled rods and pump.
3. Hydrotest Tubing to 6000# - Replaced 3 - 2 3/8" Tubing.
4. Tagged fill at 3,102', didn't clean out.
5. Replaced all 7/8" D rods and 37 - 3/4" K rods.
6. RIH with pump and rods.
7. Placed well on production.
8. 07/07/04 Pump 4 oil, 44 water, 2 mcf.

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)**Domingo Carrizales**Title **Sr. Petroleum Engineer**

Signature

Date

**11/09/2004****ACCEPTED FOR FEDERAL OR STATE OFFICE USE****(ORIG. SGD.) DAVID N. GLASS**

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

Date

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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 matter within its jurisdiction.

(Instructions on page 2)

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OMB No. 1004-0137  
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1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. <b>NM 12612</b>
2. Name of Operator <b>SDG Resources L P</b>		6. If Indian, Allottee or Tribe Name
3a. Address <b>P. O. Box 1390    Montrose, CO    81402</b>	3b. Phone No. (include area code) <b>432.550.7580</b>	7. If Unit or CA/Agreement, Name and/or No. <b>Cooper Jal Unit</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>2310 Feet From The NORTH Line and 1650 Feet From The WEST Line; Section 19, Township 24S, Range 37E.</b>		8. Well Name and No. <b>208</b>
		9. API Well No. <b>30 025 11158</b>
		10. Field and Pool, or Exploratory Area <b>JALMAT:</b>
		11. County or Parish, State <b>LEA</b>

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>Replace Tubing.</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**Objective: Replace Tubing.**

1. Rigged up Pulling Unit on 05/16/94.
2. Pulled rods and pump.
3. Repalced 2 - 2 3/8" tubing joints.
4. RIH with pump and rods.
5. Placed well on production.
6. 05/30/94: Pump 13 oil, 17 water, 13 mcf.

RECEIVED  
Hobbs  
OCD

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) <b>Domingo Carrizales</b>		Title <b>Sr. Petroleum Engineer</b>	
Signature <i>Domingo Carrizales</i>		Date <b>11/09/2004</b>	
<b>ACCEPTED FOR FEDERAL OR STATE OFFICE USE</b>			
Approved by <b>(ORIG. SGD.) DAVID R. GLASS</b>		Title	
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Date	
Title 18 U.S.C. Section 1001 and Title 42 U.S.C. Section 1212, make 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 matter within its jurisdiction.		Office	

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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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**SUNDRY NOTICES AND REPORTS ON WELLS**

**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

**SUBMIT IN TRIPLICATE- Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Serial No. NM 12612
2. Name of Operator SDG Resources L P	6. If Indian, Allottee or Tribe Name
3a. Address P. O. Box 1390    Montrose, CO 81402	7. If Unit or CA/Agreement, Name and/or No. Cooper Jal Unit
3b. Phone No. (include area code) 432.550.7580	8. Well Name and No. 208
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310 Feet From The NORTH Line and 1650 Feet From The WEST Line; Section 19, Township 24S, Range 37E.	9. API Well No. 30 025 11158
	10. Field and Pool, or Exploratory Area JALMAT:
	11. County or Parish, State LEA

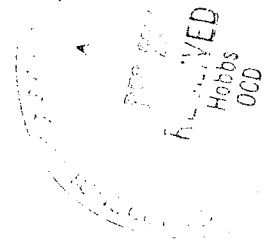
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TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>Repair Rod Part.</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**Objective: Repair Rod Part.**

1. Rigged up Pulling Unit on 02/16/94.
2. Pulled rods and pump.
3. Replaced 1 - 3/4" rod and 67 - 3/4" rod boxes.
4. RIH with pump and rods.
5. Placed well on production.
6. 02/20/94: Pump 23 oil, 75 water, 23 mcf.



14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Domingo Carrizales		Title Sr. Petroleum Engineer	
Signature <i>Domingo Carrizales</i>		Date 11/09/2004	
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>			
(ORIG. SGD.) DAVID R. GLASS			
Approved by Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Title	Date
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**SUBMIT IN TRIPLICATE- Other instructions on reverse side.**1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
**SDG Resources L P**3a. Address  
**P. O. Box 1390 Montrose, CO 81402**3b. Phone No. (include area code)  
**432.550.7580**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**2310 Feet From The NORTH Line and 1650 Feet From The WEST Line; Section 19, Township 24S, Range 37E.**5. Lease Serial No.  
**NM 12612**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
**Cooper Jal Unit**8. Well Name and No.  
**208**9. API Well No.  
**30 025 11158**10. Field and Pool, or Exploratory Area  
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<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>Hydrotest and Replace Tubing.</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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**Objective: Hydrotest and Replace Tubing.**

1. Rigged up Pulling Unit on 10/21/02.
2. Pulled rods and pump.
3. Repalced 41 - 2 3/8" tubing joints.
4. RIH with pump and rods.
5. Placed well on production.
6. 10/27/02: Pump 4 oil, 42 water, 6 mcf.

2004-09-11 12:30:00  
ACCEPTED  
Hobbs  
OCD

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)**Domingo Carrizales**Title **Sr. Petroleum Engineer**

Signature

Date

**11/09/2004**

ACCEPTED FOR REPORT

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

**DEC 1 2004**

Title

Date

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<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>Replace Tubing.</b>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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**Objective: Replace Tubing.**


1. Rigged up Pulling Unit on 02/01/00.
2. Pulled rods and pump.
3. Repalced 1 - 2 3/8" tubing joint.
4. RIH with pump and rods.
5. Placed well on production.
6. ~~03/01/00~~ Pump 7 oil, 45 water, 8 mcf.

RECEIVED  
Hobbs  
UCD

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

**Domingo Carrizales**Title **Sr. Petroleum Engineer**

Signature



Date

**11/09/2004****ACCEPTED FOR RECORD THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

**(ORIG. SGD.) DAVID R. GLASS**

Title

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