

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
Basin Fuels, Ltd.

3. ADDRESS OF OPERATOR  
P. O. Box 50, Farmington, N.M. 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
660' FSL 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)  
6734 GL

5. LEASE DESIGNATION AND SERIAL NO.  
NM 7774

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
McCollum

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Franciscan Lake Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 12, T20N, R6W, NMPM

12. COUNTY OR PARISH  
McKinley

13. STATE  
N.M.

10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:                          |  |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <u>See Below</u>                       |  |

(Other) See Below  
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give 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.)\*

This well is currently in long term shut-in status. Request that this status be continued for additional one year period. Well produces approximately 1-1/2 bbls of oil per day. Substantial gas reserves behind pipe 2236'-2250', but cannot afford to construct gas pipeline to Gas Co. of N.M. Star Lake compressor station (nearest market) approximately 4-1/2 miles.

Bond log shows good bonding to 490' from the surface. Casing in well is sound and no contamination of other formations is contemplated.

RECEIVED

MAR 28 1990

OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES

DEC 01 1990

18. I hereby certify that the foregoing is true and correct

SIGNED

Joel B. Burr, Jr.

TITLE

Owner

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

11/28/89

DATE

MAR 23 1990

Ken Townsend

FOR AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side