UNITED STATES

UNITED STATES	5. LEASE និទី ខ្លួំ ខ្លួំ និទី គឺ គឺ	
DEPARTMENT OF THE INTERIOR	5. LEASE 한국 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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 Form 9–331–C for such proposals.)	7. ONLY AGREEMENT TAMES 1. S. G. S.	
reservoir, use rottii 3-331-0 for such proposais.)	8. FARM OR LEASE NAME & STATE	
1. oil gas other	4.3	
2. NAME OF OPERATOR Basin Fuels, Ltd.	9. WELL NO. 10 10 10 10 10 10 10 10 10 10 10 10 10	
3. ADDRESS OF OPERATOR 200 H A	Enanciacional Stra Maca Wanda	
Farmington, NM 87401. Arrington, Suite 300	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec 7, T20N, R5W	
AT SURFACE: 1900' FNL and 1980' FWL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE 5 New Mexico	
AT TOTAL DEPTH: Same		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	<u>ਰਹਿੰਡਰ ਦਾ ਓਏਨੂੰ</u>	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 'TEST WATER SHUT-OFF []		
FRACTURE TREAT	thongs burst exister year of a copies of a	
SHOOT OR ACIDIZE	y bar vas iqoo i sool e bluo bluo bluo oriot y oriot ot ot	
REPAIR WELL	bivore completion and its requirement of the completion and its requirement by the completion and its requirement of the completion and its requirement of the completion of t	
MULTIPLE COMPLETE	2noibspage should be replaced by a 330. Since the replaced by a 330. Since	
CHANGE ZONES	oits	
ABANDON* (other) Change name of well	enoitourter classes of the control o	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and	
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Change name of well and number from Easter Fl	2	
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0.1. (. 0.4) 141 - 142 - 173		
Subsurface Safety Valve: Manu. and Type	Set @ Total Set Office of the set	
18. I hereby certify that the foregoing is true and correct	October 19, 1979	
Jack D. Cook	DATE	
(This space for Federal or State offi	To a series of the series of t	
APPROVED BY TITLE TOTALL CONDITIONS OF APPROVAL, IF ANY:		
	Seneral bast trait trait trait trait to she plugate a plugate to she plugate trait to she plugate the plugate trait trai	
	bia de la companya de	
oh Fruk *See Instructions on Reverse S		