

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 055841
2. Name of Operator Basin Fuels, Ltd.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. PO Box 50, Farmington, NM 87499	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FNL/2260' FEL Section 7, T20N, R5W	8. Well Name and No. Slick #2
	9. API Well No.
	10. Field and Pool, or Exploratory Area Franciscan Lake/Mesa
	11. County or Parish, State Verde
	McKinley Co., NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

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

13. 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 has been plugged and rehabilitation stipulations completed.
Request inspection to check well site at your earliest convenience.

Please contact pumper, Larry Horman (505) 568-4483

RECEIVED
BLM
95 JUN 22 PM 12:37
070 FARMINGTON, NM

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

Signed Joe B. Burr, Jr. Title Owner

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

ACCEPTED FOR RECORD
6/21/95

JUN 26 1995

FARMINGTON DISTRICT OFFICE