

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 7250	
2. NAME OF OPERATOR Basin Fuels, Ltd.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 50, Farmington, N.M. 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  990' FSL & 1850' FWL		8. FARM OR LEASE NAME Easter Flats	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6764 GL 6745		10. FIELD AND POOL, OR WILDCAT Franciscan Lake Mesa Verde	
		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 12, T20N, R6W, N.M.P.M	
		12. COUNTY OR PARISH McKinley	
		13. STATE N.M.	

16. 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>	

(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.)

Request this well be placed in inactive status. Well has been temporarily abandoned, but should not be plugged at this time. Well bore should be retained for use as a salt water disposal well in the future. Cement in this well was circulated to surface thus effectively eliminating any chance of contamination of water zones. Well was drilled and completed in 1977.

Unable to produce field at current crude oil price, i.e. \$12.75 p/bbl.

RECEIVED

DECO 61988

THIS APPROVAL EXPIRES DEC 01 1989

OIL CON. DIV.  
DIST. 3

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

SIGNED

JOSE B. BURR, JR.

TITLE

Owner

APPROVED  
DATE 11/15/88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DEC 01 1988

JAMES E. EDWARDS, JR.  
AREA MANAGER  
FARMINGTON RESOURCES AREA

\*See Instructions on Reverse Side