CONDITIONS OF APPROVAL, IF ANY:

## UNITED DEPARTMENT O **GEOLOGICA**

Dec. 1973		rorm Approved.
UNITED	STATES	5. LEASE
DEPARTMENT C	OF THE INTERIOR	NM 0555838-A
GEOLOGIC	AL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AN (Do not use this form for proposals to dr reservoir, Use Form 9-331-C for such pro	D REPORTS ON WELLS	7. UNIT AGREEMENT NAME
reservoir, Ose Form 9-331-C for such pro	posais./	TO TAKE OF LEVOE HAME TO TO TO
1. oil XXI gas  othe	er .	9. WELL NO.
2. NAME OF OPERATOR		5 5 5 6 6 6 6
BASIN FUELS, LTD.		10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	87401	FRANCISCAN LAKE-MESA VERDE
300 W. Arrington, Suite		11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT below.)	LOCATION CLEARLY. See space 1	7 AREA 5 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
AT SURFACE: 1980'/S &	330'/W	12. COUNTY OR PARISH 13, STATE
AT TOP PROD. INTERVAL:	same	MCKINLEY NEW MEXICO
	same	
16. CHECK APPROPRIATE BOX TO	D INDICATE NATURE OF NOTICE	14. API NO. \$\frac{1}{2} \frac{1}{2} \frac
REPORT, OR OTHER DATA		15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO:	SUBSEQUENT/REPORT OF:	6767 GL = 6 4 5 4 5 5 7
TEST WATER SHUT-OFF		् विदेहरी हु नेवेहरू
FRACTURE TREAT	6/ HEC	
SHOOT OR ACIDIZE	<b>≥</b> /	
REPAIR WELL PULL OR ALTER CASING	4/ ///	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE		change on Form 9–330.)
CHANGE ZONES		
ABANDON*		trucilos de la control de la c
(other)		
including estimated date of sta	MPLETED OPERATIONS (Clearly st arting any proposed work. If well is ths for all markers and zones pertin	ate all pertinent details, and give pertinent dates, a directionally drilled, give subsurface locations and tent to this work.)*
load by swab w/ no oil	or gas shows.	500 gal 15% HCT acid.  Recovered
Perforated Menefee 203	4-42'. Acidized perfs	w/ 500 gal 15% HClk Isolated
perforations indicated	above, and recovered 1	
oil or gas shows.		Colors of the co
Rigged down and suspen	ded operations.	or rice
		Frankling 1994 /
		Shirt of the state
		on the state of th
		1000 1000 1000 1000 1000 1000 1000 100
Subsurface Safety Valve: Manu. and	Туре	Set @Ft.
18. I hereby certify that the foregoin	g is true and correct	
SIGNED Jahr Oley	AND TITLE AGENT	DATE December 18, 1980 3
JUHN ALEXANDER (	(This space for Endam) or State	
ADDDOUGD BY	(This space for Federal or State	로봇진하다 항목 감합취급
APPROVED BY	TITLE	DATE

\*See Instructions on Reverse Side

1980