

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

**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.)

1. oil ☒ well gas ☐ well other ☐  
2. NAME OF OPERATOR  
Basin Fuels, Ltd.  
3. ADDRESS OF OPERATOR 87401  
Suite 300, 300 W. Arrington, Farmington, N.M.  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 340' FNL & 350' FEL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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.)\*

Move in and rig up pulling unit. Pull tubing, rods and pump. Perforate Menefee ss. 2308'-2317' with two shots/ft. Run tubing with packer and bridge plug. Straddle perforations and swab test at average of 5 bbl. oil per hour. Pull packer, bridge plug and tubing. Run tubing, pump and rods. Return well to production.

5. LEASE N00-C-14-20-4402	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME N00 Navajo	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME Franciscan Lake M.V.	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA S. 13, T20N R06E	
12. COUNTY OR PARISH McKinley	13. STATE N.M.
14. API NO.	
15. ELEVATIONS (SHOW DEPTH, KDB, AND WD) 6729' g.l.	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED John Alexander TITLE Agent DATE 10-18-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: