

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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"/>		2. NAME OF OPERATOR Basin Fuels, Ltd.		3. ADDRESS OF OPERATOR P.O. Box 50, Farmington, N.M. 87499		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FNL & 990 FEL		5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-4408		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Noo Navajo		9. WELL NO. 4		10. FIELD AND POOL, OR WILDCAT Franciscan Lake Mesa Verde		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T20N, 6W		12. COUNTY OR PARISH McKinley		13. STATE N.M.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6713 G.L.																							

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) See Below	<input type="checkbox"/>		<input type="checkbox"/>

(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 is capable of making 2 - 5 B.O.P.D. Well requires pump repair, but at current crude oil prices cannot justify repairs. Log quality suggests substantial reserves remaining.

Cement was circulated to surface in this well and Bond Log shows good bonding. Casing is sound and no ground water contamination is contemplated.

Two other wells on this lease will remain on production.

RECEIVED  
OCT 3 1989  
OIL & GAS DIV.

THIS APPROVAL EXPIRES 2/6/90

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

SIGNED Joel B. Burr, Jr. TITLE Operator

DATE 1/30/89

(This space for Federal or State office use)

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

APPROVED  
DATE FEB 06 1989  
AREA MANAGER

\*See Instructions on Reverse Side