5. LEASE

## UNITED STATES

DEPARTMENT OF THE INTERIOR	Noo-C-14-20-4403
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	65 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	
reservoir. Use Form 9–331–C for such proposals.)	8. FARM UK LEASE NAME
1. oil gas	
well well other	9. WELL NO. Table is to the second se
2. NAME OF OPERATOR	5 글만병의 본 생활일 10. FIELD OR WILDCAT NAME 유원화
Basin Fuels, Ltd.	Franciscan Lake Mesa Verde
3. ADDRESS OF OPERATOR	11. SEC., T., R., M., OR BLK. AND SURVEY OR
300 W. Arrington, Suite 300, Farmington, NM  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec 13, TZON, R6W
below.)	
AT SURFACE: 2310' FSL & 1650' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	McKinley 10 2 2 NM 7 2
AT TOTAL DEPTH:	14. API NO. 14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	45 . X
TEST WATER SHUT-OFF	
FRACTURE TREAT	(Pr. Bosel) A visit Book of Book Book Robe God of
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
REPAIR WELL U	change on Form 9-330.
MULTIPLE COMPLETE	a sate of the sate
CHANGE ZONES	Butta Dual He Dual He
ABANDON* LJ (other)	
	S & E B B B B B B B B B B B B B B B B B B
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.)*	
Spud 124" hole 8:00 AM 1-10-79. Drill to TTD 9	## O
H-40 ST&C Casing and set at 86'. Cement with 80 sks Class #B# + 2% CaCl	
Circulated estimated 15 sks cement. Plug down 3:00 PM 1-10-79. WOC install	
BOP and test same.	
	cro state le figure
Subsurface Safety Valve: Manu. and Type	DIST 3 Set of Se
18. I hereby certify that the foregoing is true and correct	
SIGNED Jack D. COOK TITLE Agent DATE 1-24-79	
(This space for Federal or State office use)	
APPROVED BY TITLE	DATE SECTION OF THE PROPERTY O
CONDITIONS OF APPROVAL, IF ANY:	
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