

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0130
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 61563
2. NAME OF OPERATOR Morgan-Richardson Operating Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --
3. ADDRESS OF OPERATOR P. O. Box 9808, Denver, CO 80209		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 890' FNL & 890' FEL (NENE)		8. FARM OR LEASE NAME Federal-24
14. PERMIT NO.		9. WELL NO. #14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6443' GR		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24 T25N R9W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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 checked="" type="checkbox"/>	(Other) <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.)*

Reference EXHIBIT "B" - Drilling Program/APD, Page 1. Form 3160-3, Item 23.

surface casing: 7" casing will be set to 120 feet.

RECEIVED

MAR 26 1990

OIL CON. DIV.

DIST. 9

Vertical stamp: DISTRICT MANAGER, OIL CONSERVATION DIVISION, U.S. DEPARTMENT OF THE INTERIOR

APPROVED

18. I hereby certify that the foregoing is true and correct
SIGNED Dave B. Richardson TITLE President DATE February 28, 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE Ken Townsend

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side