Form 3160-5 November 1983) Formerly 9-331)	UNITED STATES PARTMENT OF THE INTER			d. u No. 1004—0135 st 31, 1985 un and berial bo.
	BUREAU OF LAND MANAGEMEN	NT	NM 61563	
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.)			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS TOTHER			7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR			8. PARM OR LEASE NAME	
Morgan-Richardson Operating Co.			Federal-24	
3. ADDRESS OF OPERATOR			9. WELL NO.	
P. O. Box 9808, Denver, CO 80209			#14	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.		10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface			Basin Fruitland Coal	
890 FINE	& 890' FEL (NENE)		Sec. 24 25N	RSA
14. PERMIT NO.	15. BLEVATIONS (Show whether 6443' GR	DF, RT, GR, etc.)	12. COUNTY OR PARIS	IS. STATE NM
	heck Appropriate Box To Indicate		other Data	
_			7	<u></u>
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL
PRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING	CABING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	MHODINAGA	ENT*
REPAIR WELL	CHANGE PLANS	(Other) (Note: Report results of multiple completion on Well		
(Other)		Completion or Recomple	etion Report and Log f	(orm.)
17. DESCRIBE PROPOSED OR COMP proposed work. If well nent to this work.) *	PLETED OPERATIONS (Clearly state all perting in directionally drilled, give subsurface los	ent details, and give pertinent dates, estions and measured and true vertica	including estimated de I depths for all marks	ate of starting any re and sones perti-
	XHIBIT "B" - Drilling Pro	D 4		

(c) Monitoring of the mud system will be visual. No mud logging unit will be used during drilling of this well.

> MAR2 6 1990 O'L CON. TOW. DIST. 3

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18. I hereby certify that the foregoing is strue and correct	D . 1	APPROVED	_
SIGNED	TITLE President	DATE February 26,	990
(This space for Federal or State office use) APPROVED BY CONUTIONS OF APPROVAL, IF ANY:	TITLE	MAR 1 9 1990	
*S ₄	NMC) . se Instructions on Reverse Side	AREA MANAGER FARMINGTON RESOURCE AREA	