

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078079

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Bonneville Fuels Corporation		8. FARM OR LEASE NAME Scott E. Federal
3. ADDRESS OF OPERATOR 1600 Broadway, Suite 1110, Denver, CO 80202		9. WELL NO. 10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FSL & 920' FEL		10. FIELD AND POOL, OR WILDCAT W Kutz Pictured Cliffs
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 25-T27N-R11W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6121 GL		12. COUNTY OR PARISH San Juan
		13. STATE NM

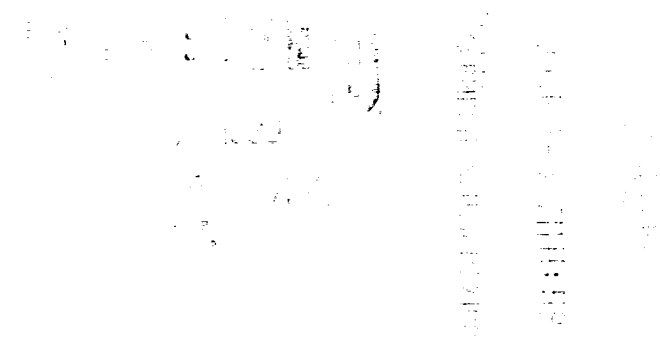
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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.)*

Ownership of the subject well changed from Chevron USA, Inc. on 8/1/89 and operations changed on 3/8/90 to Bonneville Fuels Corporation. We are intending to MI a workover rig to determine the integrity of the casing. Repairs will be made if necessary and the Pictured Cliffs formation will be treated with 1000 gal nitrified acid.



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

SIGNED *S.D. Stutz* TITLE Operations Supervisor DATE 6/1/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

Ken Townsend

*See Instructions on Reverse Side FOR

AREA MAINTENANCE