

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. SF-078089 |
| 2. NAME OF OPERATOR Bonneville Fuels Corporation | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 1600 Broadway, Suite 1110, Denver, CO 80202 | | 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 1600' FSL and 900' FWL | | 8. FARM OR LEASE NAME Scott E. Federal |
| 14. PERMIT NO. | | 9. WELL NO. 13 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6524GR | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T27N-R11W |
| | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE New Mexico |

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"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input checked="" type="checkbox"/> | (Other) | <input type="checkbox"/> |
| (Other) Change of Operator | <input checked="" 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 were changed to Bonneville Fuels Corporation on 3/8/90. We propose to reinstall a plunger lift system in the well. Work will commence upon BLM approval.

RECEIVED

MAY 3 1990

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED

JUNE 9 1990

OIL CON. DIV.
DIST. 3

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Operations Supervisor DATE 5/1/90

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____
NM000

APPROVED
AS AMENDED
DATE _____

Ken Townsend
FOR AREA MANAGER

*See Instructions on Reverse Side