

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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. MOO-C-1420-4387
2. NAME OF OPERATOR Wintershall Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME UTE MTN. UTE
3. ADDRESS OF OPERATOR 5251 DTC Parkway, Suite 500, Englewood, CO 80111		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1025' FSL & 1840 FEL (SWSE)		8. FARM OR LEASE NAME UTE MTN. UTE
14. PERMIT NO		9. WELL NO. 36-34
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 5463' ungraded ground		10. FIELD AND POOL, OR WILDCAT BASIN DAKOTA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 36-31N-15W NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE N.M.

18. 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 type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>	<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.)\*

MIRU. Spud 12 $\frac{1}{4}$ " surface hole @ 2:00 PM 6/8/88.

Ran 6 jts. 8-5/8" casing, set @ 265'. Cmt'd with 200.6 cubic feet Class "B" cement.

Drlg ahead 6/9/88

RECEIVED  
JUN 13 1988  
OIL CON. DIV  
DIST. 3

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

SIGNED <u>Paul F. Jewell</u>	TITLE <u>Operations Manager</u>	DATE <u>6/9/88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side