

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 751-88-0001
2. NAME OF OPERATOR BASF Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME UTE MT. UTE
3. ADDRESS OF OPERATOR P.O. Box 23 Towaoc, CO 81334		7. UNIT AGREEMENT NAME NA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Surface: 1550' FSL & 810' FEL		8. FARM OR LEASE NAME UTE MT. UTE 28
14. PERMIT NO. 30-045-27422		9. WELL NO. 43
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5556' ungraded ground		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 28-31N-14W NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ First Production

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)

NOTICE OF FIRST PRODUCTION:

Production of natural gas and natural gas liquids commenced:
March 27, 1990, 1315 hrs.

RECEIVED
APR 3 1990
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct	
SIGNED <u>A.C. Stone</u> A.C. STONE	TITLE <u>REG & PROD ANALYST SUPERVISOR</u> DATE <u>3/28/90</u>
(This space for Federal or State office use)	
APPROVED BY _____	TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____	DATE <u>4/5/90</u>

*See Instructions on Reverse Side