

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. M-70-721-88-0001
2. NAME OF OPERATOR Fossil Fuels Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Zuni
3. ADDRESS OF OPERATOR P.O. Box 479, Dallas, TX 75221-0479	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 1373' FWL & 2303' FSL of Section 4	8. FARM OR LEASE NAME Zuni Tribal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether OF, RT, CR, etc.) GR 7345'	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T8N, R18W
	12. COUNTY OR PARISH Cibola
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input checked="" 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.)*

08/07/89 - Plugged well using following cement plugs:

Bottom - 50 sk plug 705-605' - 59 cubic feet
Surface casing - 160 sk plug 495-395' - 189 cubic feet
Top plug - 40 sx - 50-3' - 47 cubic feet.

Last plug was pumped @ 10:24 pm, 08/07/89.

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

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

SIGNED Dana R. Kizer

TITLE Production Secretary

DATE 08/11/89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCD

*See Instructions on Reverse Side

APPROVED

AUG 15 1989

DATE

Paul R. Hall
For AREA MANAGER
FARMINGTON RESOURCE AREA