

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 1004-0133
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 ☒ GAS WELL ☐ OTHER ☐ 58 NOV 25 PM 1:18

2. NAME OF OPERATOR
Basin Fuels, Ltd. FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

3. ADDRESS OF OPERATOR
P. O. Box 50, Farmington, N.M. 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1900' FNL & 1980' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)
6772 GL

5. LEASE DESIGNATION AND SERIAL NO.
NM 05558 38-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Star

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Franciscan Lake Mesa Verde

11. SEC., T., S., R., OR BLM. AND SURVEY OR AREA
Sec. 7, T20N, R5W, N.M.P.M.

12. COUNTY OR PARISH
McKinley

13. STATE
N.M.

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 type="checkbox"/> | (Other) See below | <input type="checkbox"/> |
| PCCL OR ALTER CASING | <input type="checkbox"/> | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | |
| ABANDON* | <input type="checkbox"/> | | |
| CHANGE PLANE | <input type="checkbox"/> | | |

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.)*

Request this well be placed in inactive status. Well produced an average 5.74 bbls/p/day during preceeding ninety (90) day period. Unable to produce this marginal well at current crude oil prices, i.e. \$12.75 per barrel. Downhole reda pump needs repair, estimated cost \$18,000.00

Casing in this well is sound and no contamination of other formations is contemplated.

RECEIVED

DEC 06 1988

THIS APPROVAL EXPIRES DEC 01 1989

OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE Owner

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 11/15/88

DEC 01 1988

DATE

JAMES R. EDWARDS, JR.
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

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