

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 GAS WELL OTHER

2. NAME OF OPERATOR
Basin Fuels, Ltd.

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1090' FNL 790' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, OR, etc.)
6002 GR

5. LEASE DESIGNATION AND SERIAL NO.
NO-G-8501-1077

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Napie

9. WELL NO.
1Y

10. FIELD AND FOOT, OR WILDCAT
Gallegos Fruitland

11. SEC., T., R. M., OR BLK. AND SURVEY OR AREA
Sec. 13 T²⁶N, R12W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

16. 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)

CELL OR ALTER CARING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Well Status

REPAIRING WELL

ALTERING CARING

ABANDONMENT*

(NOTE: Report results of multiple completion or 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.)*

Well currently shut-in pending further testing.
Still recovering frac water.
Gas volume TSTM.

RECEIVED
MAIL ROOM
60 NOV 23 AM 11:28
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
NOV 30 1988
OIL CON. DIV.
DIST

18. I hereby certify that the foregoing is true and correct
SIGNED Sam C. Burr TITLE Production Manager DATE 11/21/88

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side