

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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		5. LEASE DESIGNATION AND SERIAL NO. SF-078089
2. NAME OF OPERATOR Bonneville Fuels Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1600 Broadway, Suite 1110, Denver, CO 80202		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 1120' FSL, 330' FWL		8. FARM OR LEASE NAME Scott E Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6521 GR	9. WELL NO. 11
		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 25M T27N R11W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

10. 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 checked="" 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"/>	

(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.)*

7/31/90 Pulled production string. PT 4 1/2" csg to 500#. Located hole in csg @ 3160' & @ 3625'. Squeezed w/ 150sx Cl-C cmt w/WR-19 & 50sx cmt w/WA-7 CaCl₂. Stuck workover string. Fished for 3 days. Pulled pkr, drilled out good cmt. Pressured csg to 500 psi, pressured annulus to 500 psi, squeeze did not hold. Re-set pkr & re-squeezed w/ 50sx Cl-B cmt + 2% cacl₂. Drill out & circ hole clean, PT csg to 500 psi for 20 min, OK.

8/11/90 Acidize well w/ 2000 gal 15% HCl + 175,000 SCF N₂.

8/12/90 Ran production string of 218 jts 2 7/8" tbg as before w/ SN @ 6638'.

RECEIVED
OCT 11 1990
DIST. 8

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Engineering Tech. DATE 8/20/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

OCT 09 1990

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side