

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 013860 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Morgan Richardson Operating Company | 8. FARM OR LEASE NAME Federal 31-23 |
| 3. ADDRESS OF OPERATOR P. O. Box 1915 Farmington, NM 87499 | 9. WELL NO. #2 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1330' FSL, 925' FWL (NWSW) | 10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal |
| 14. PERMIT NO. 30-045-28057 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5875' GR |
| | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 23, T28N, R8W NMPM |
| | 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: | | 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 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 checked="" type="checkbox"/> | (Other) <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.)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Morgan Richardson Operating Company requests permission to change the proposed surface casing string from 8 5/8", 24#, J-55 to 8 5/8", 20#, X-42 casing.

We also request permission to change the proposed production casing string from 5 1/2", 15.5#, J-55 to 4 1/2", 10.5#, J-55 casing.

OIL CON. DIST. 3

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

SIGNED Bruce C. Delventhal

TITLE Agent

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE Oct 12, 1990

DATE NOV 02 1990

AREA VERIFIED
FARMINGTON RES.

*See Instructions on Reverse Side