

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078895
2. NAME OF OPERATOR DEKALB Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo - NIIP
3. ADDRESS OF OPERATOR 1625 Broadway - 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 1190' FNL & 1560' FEL		8. FARM OR LEASE NAME Mudge "A"
14. PERMIT NO.		9. WELL NO. 181
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 6124'		10. FIELD AND POOL, OR WILDCAT Basin Fruitland
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T27N-R11W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

16. 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Change of Operator	XX

(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.)*

Please be advised that the operator of the above described Mudge "A" No. 181 has been changed from:

Marathon Oil Company
P.O. Box 552
Midland, TX. 79702

to: DEKALB Energy Company
1625 Broadway
Denver, CO 80202

DEKALB's O&G Nationwide Bond is #19S100551745, \$150,000.

Please forward a copy of the approved Application to Drill to DEKALB Energy Company
Attention: John S. Wylie.

RECEIVED
NOV 6 1990
CON. DIV.
DIST. 2

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

SIGNED

TITLE District Superintendent

DATE October 10, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side