

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-01
Expires August 31, 1984

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.)

WELL ☐ GAS WELL ☒ OTHER Coalbed Methane

NAME OF OPERATOR

McKenzie Methane Corporation

ADDRESS OF OPERATOR

1911 Main Ave., #255, Durango, Colorado 81301

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2110' FSL, 930' FWL

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

API 30-045-27454

6355' GR

5. LEASE DESIGNATION AND SERIAL

SF-078414

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Day B

9. WELL NO.

#13

10. FIELD AND POOL, OR WILDCAT

Basin FT Coal

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec8-T29N-R8W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZING

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Change in operator

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

Effective 8/22/90, McKenzie Methane Corporation assumed
operatorship of the subject well from Amoco Production
Company, P.O. Box 800, Denver, Colorado 80201.

RECEIVED
FEB 3 1991
OIL CON. DIV.
DIST. 3

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

SIGNED

RJ Sagle /CS

TITLE Operations Manager

DATE 11/20/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

FEB 04 1991

*See Instructions on Reverse Side

NMOCD

FARMINGTON RESOURCE AREA