

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1001-01
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.)

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

1260' FNL, 1350' FEL

14. FORM NO.

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

API # 30-045-27837

6355 GR

5. LEASE DESIGNATION AND SERIAL

SF-078416A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilch A

9. WELL NO.

#13

10. FIELD AND POOL, OR WILDCAT

Basin FT Coal

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

Sec26-T29N-R8W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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) Change in operator

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE 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 19 1991

OIL CON. DIV
DIST. 3

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

SIGNED

TITLE Operations Manager

DATE 11/20/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

FEB 04 1991

*See Instructions on Reverse Side
NMOCD

FARMINGTON RESOURCE AREA

BY