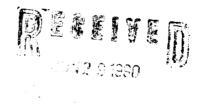
A Well Completion Report (Form 3/60-4) and an acreage dedication Plat will be required when this work is completed.



SUNDRY  (Do not use his form Use  OIL GAS WELL X  2. NAME OF OPERATOR BONNEVILLE FUELS  3. ADDRESS OF OPERATOR 1600 Broadway, Su  LOCATION OF WELL (Report See also space 17 below.)	OTHER	NTERIOR (verse side)  GEMENT  DRTS ON WELLS  or plug back to a different reservoir.  or such propossis.)	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO. SF-078079  6. IF INDIAN, ALLOTTEE OR TRIBE NAME  7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME  9. WELL NO. SCOTT E. Federal 10. FIELD AND POOL, OR WILDCAT  6  11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
			Sec 36-T27N-R11W
14. PERMIT NO.	15. ELEVATIONS (Show	whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	6501 GL		San Juan NM
16.	heck Appropriate Box To Inc	licase Nature of Notice, Report, or	Other Data
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) Fruitland (  17. DESCRIBE PROPOSED OR COMP proposed work. If well nent to this work.)*  Ownership of the 3/8/90 to Bonnev Perforate the Fr 2010-14 and 2034	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS Coal Recompletion LETED OPERATIONS (Clearly state alis directionally drilled, give subsurved by the subsurved by th	Completion or Recompertment determinent	TBP @ 2055' and test same. -45, 1952-56, 1985-93,
18. I hereby certify that the fe		OIL CON. DIV.J	### ### ### ### ### ### #### #########
SIGNED S.D.	77	LE <u>Operations Supervisor</u>	DATE 6/1/90
(This space for Federal or	State office use)		
			APPROVED
APPROVED BYTITLE CONDITIONS OF APPROVAL, IF ANY:			AS AMENDED
	*See Ins	tructions on Reverse Side	JUN 2 6 1990 <b>Ken Townsend</b>

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department of the the