

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

1001 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078089
2. NAME OF OPERATOR Bonneville Fuels Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1660 Lincoln, Suite 1800, Denver, CO 80264		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 1650' FNL & 990' FWL		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. Scott E. Federal #6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6501 FL		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 36-T27N-R11W
		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:

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) Fruitland Coal Recompletion			

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)			

(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.)\*

We propose to set a CIBP @ 2055' and test same. Perforate the Fruitland from 1883-90, 1895-1907, 1918-30, 1940-45, 1952-56, 1985-93, 2010-14 and 2034-48. Breakdown and fracture stimulate with 50,000 gal Nitrogen foam with 80,000 # 20/40 sand and test.

RECEIVED

NOV 1 1991

OIL & GAS

THIS APPROVAL EXPIRES JUN 01 1992

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

SIGNED [Signature] TITLE Operations Manager

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

APPROVED	
DATE	11/1/91
NOV 12 1991	
DATE	[Signature]
FARMINGTON RESOURCE AREA	

NM005