

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078039	
2. NAME OF OPERATOR Bonneville Fuels Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1600 Broadway, Suite 1110, 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 800' FSL, 920' FEL		8. FARM OR LEASE NAME Scott E Federal	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6121 GR		10. FIELD AND POOL, OR WILDCAT W.Kutz Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25P 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)\*

8-17-90 MIRU, Pooh w/2 3/8" tbg. RIH w/bit & scraper. Tagged fill @ 1707'. Clean out to PBTD @ 1820'. Set RBP @ 1670' Tried to set pkr 1 jt above BP, would not set. Moved up to 1514' before pkr set. Press 4 1/2" csg to 200 psi. Found holes above & below pkr.

8-18-90 Continue testing csg. PU to 1269' & set pkr, pmpd 2% KCL dn annulus @4BPM. Repeated procedure @ 1078', 768', 708', 644', & @ 542' csg held @ 600 psi for 15 min. Clean out & retrieved BP. RIH & set pkr @ 1626. Acidized well w/1000 gal 15% HCL + 4 gal NE-8 + 2 gal CI-15 + 5 gal Ferrotrol 300L + 3 gal Scaletrol-6. Displaced acid to btm perfs w 7.3 Bbls 2% KCL. Swbd, made total 11 runs rec'd 19 Bbls fluid. Well on vacuum.

8-20-90 FL @ 1385', continue to swab & SI, Fluid entry very slow.

8-21-90 TP 150 psi. Blew well dn, no fluid w/ gas. Md 2 swb runs, rec'd 1 bbl fluid. RIH w/ 54 jts 2 3/8" tbg, pkr set @ 1687' w/ SN @ 1682'. SI well.

8-22-90 RDMO workover rig.

8-23-90 SITP = 0, SICP = 0.

RECEIVED

OCT 3 1990

OIL CON. DIV

DIST. 3

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

SIGNED

*Doris Maly*

TITLE

*Engineering Tech*

DATE

*8-28-90*

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD  
DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

*21*