

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. LEASE DESIGNATION AND SERIAL NO. SF 077384	
2. NAME OF OPERATOR Crown Central Petroleum Corporation		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 7100 E. Belleview Ave., Suite 300 Englewood, Colorado 80111		8. FARM OR LEASE NAME Kutz J Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		9. WELL NO. 1-8	
<div style="text-align: center;"> <p>RECEIVED</p> <p>OCT 28 1985</p> <p>Unit Letter - B</p> </div>		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T27N, R10W	
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, ST, OR, etc.) BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	12. COUNTY OR PARISH San Juan	13. STATE N.M.

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temporarily Shut in well</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.) \*

This sundry notice is submitted to notify your office that the captioned well has been shut-in since 8/16/85 due to the natural gas market conditions. The J. Federal #1-J will be produced as soon as market conditions improve.

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

SIGNED B. G. Li Soney *B. G. Li Soney* TITLE Production Engineer DATE 10/16/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 30 1985

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA  
BY Sm

\*See Instructions on Reverse Side  
NMOC

OCT 31 1985  
OIL CC  
DIST. DIV.

ACCEPTED FOR RECORD