

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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. 078094 | |
| 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 1650' FNL & 990' FWL | | 8. FARM OR LEASE NAME Fullerton Federal | |
| | | 9. WELL NO. 11 | |
| | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14, T27N-R11W | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6247' GL | 12. COUNTY OR PARISH San Juan | 13. STATE New Mexico |

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"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |

| | |
|------------------------------------------------|------------------------------------------|
| 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) Change of Operator

(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.)*

Ownership of the subject well changed from Chevron USA Inc. on 8/1/89 and operations were changed to Bonneville Fuels Corporation on 3/8/90. We propose to return the well to productive status by cleaning out the wellbore and acidizing the Basin Dakota formation with 2000 gal nitrified 15% NCL. A plunger lift system will be installed to remove liquids. Work will commence upon BLM approval.

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

SIGNED Gerald D. GentryTITLE Operations SupervisorDATE 4/26/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCD

*See Instructions on Reverse Side

RECEIVED
JUN 29 1990
OIL CON. DIV.
DIST. 3

APPROVED

JUN 26 1990

Ken Townsend

AREA MANAGER