

Form 3160-5
(November 1984)
(Formerly 9-311)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Bonneville Fuels Corporation

3. ADDRESS OF OPERATOR
1600 Broadway, Suite 1110, Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 990' FNL & 990' FWL

5. LEASE DESIGNATION AND SERIAL NO.
SF-078094

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Fullerton Federal

9. WELL NO.
12

10. FIELD AND POOL, OR WILDCAT
W Kutz Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

14. PERMIT NO.

15. ELEVATIONS (Show whether D)
6064 GL

16. Check Appropriate Box To Indicate

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface location to this work.)*

ec 11-T27N-R11W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

REPORT OF:

REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Multiple completion on Well
Report and Log form.)

Indicate estimated date of starting any
this for all markers and zones perti-

Ownership of the subject well changed from [redacted], INC. on 8/1/89 and operations changed on 3/8/90 to Bonneville Fuels Corporation. We propose to acidize the perforations with 1000 gal nitrified acid.

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

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

SIGNED

TITLE Operations Supervisor

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

JUN 26 1990

Ken Townsend

AREA MANAGER

*See Instructions on Reverse Side
NMOC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

November 1983)
(Formerly 9-331)

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT

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- 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 990' FNL & 990' FWL	8. FARM OR LEASE NAME Fullerton Federal
	9. WELL NO. 12
	10. FIELD AND POOL, OR WILDCAT W. Kutz - Pictured Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11, 27N-11W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6064 GR	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Acidized subject well with 500 gal 15% HCL containing 1/2 gal CI-15, 1/2 gal NE-8, 3 gal Scaletrol and 7000 SCF N2.

RECEIVED
AUG 27 1990
OIL CON. DIV
DIST. 3

RECEIVED
AUG 27 1990
OIL CON. DIV
DIST. 3

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

SIGNED

James D. Stanley

TITLE Operations Supervisor

DATE August 2, 1990

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

AUG 21 1990

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY

201

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