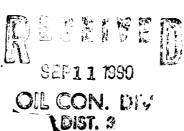
Form approved. Budget Bureau No. 1004-0135 Ferm 3160--5 UNITED STATES SUBMIT IN TRIPLICATE. (November 1983) DEPARTMENT OF THE INTERIOR (Other Instructions on Expires August 31, 1985 (Formerly 9-331) 5. LEASE DESIGNATION AND SERIAL NO BUREAU OF LAND MANAGEMENT 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY 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.) 7. UNIT AGREEMENT NAME WELL X WELI. OTHER NAME OF OPERATOR 8. FARM OR LEASE NAME Morgan Richardson Operating Company Federal 13-13 9. WELL NO. P. O. Box 1915 Farmington, NM 87499
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*
See also space 17 below.) #1 10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 880' FNL, 1450' FEL (NWNE) 13, T28N, R8W NMPM 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISE | 13. STATE 6423' GR 30-045-28053 NM Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF : TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL PRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON\* SHOOTING OR ACIDIZING ABANDONMENT\* CHANGE PLANS (Other) Surface casing report REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) Spud well at 8:30 AM on 08/22/90. Ran 6 jts of 8 5/8", 20# surface casing. Casing set at 265' KB. Cemented with 150 sx (177 cf) of Class B cement containing 2% CaCl and 1/4 #/sk cellophane flakes. Circulated 5 bbls of cement to surface. Shut in and WOC for 12 hours.



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18. I hereby certify that the foregoing is true and considered Signed Signed Signed	TITLE Agent	DATE August 23, 1990
(This space for Federal or State office use)		ACCEPTED FOR RECORD
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	AÛĞ 31 1990
	*See Instructions on Reverse Side	FARMINGTON RESOURCE AREA BY