

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		5. LEASE DESIGNATION AND SERIAL NO NM 013860 A
2. NAME OF OPERATOR Morgan Richardson Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1915 Farmington, NM 87499		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 1340' FNL, 970' FEL (SENE)		8. FARM OR LEASE NAME Federal 24-25
14. PERMIT NO. 30-045-28056		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6326' GR		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25, T28N, R8W NMPM
		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 type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Surface Casing Report	
(Other)		(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.)*

Spud Well at 10:30 AM on 09/12/90. Ran 6 jts of 8 5/8", 20#, ~~155~~ surface casing. Casing set at 270' KB. Cemented with 175 sx (207 cf) of Class B containing 2% CaCl and 1/4 #/sk cello flakes. Circulated 1 bbl of cement to surface.

RECEIVED
NOV 21 1990
OIL CON. DIV
DIST. 3

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

SIGNED Bruce P. Delventhal

TITLE Agent

DATE September 14, 1990

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

OCT 22 1990

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY MM