

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-613  
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		91 JAN -2 PM 4:21	5. LEASE DESIGNATION AND SERIAL NO. NM 013860 A
2. NAME OF OPERATOR Morgan Richardson Operating Company		019 FARMINGTON, N.M.	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 1500' FSL, 1090' FWL			8. FARM OR LEASE NAME Federal 3I-24
14. PERMIT NO. 30-045-28058		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6241' GR	9. WELL NO. #2
			10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24, 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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANT	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

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)	<input checked="" type="checkbox"/>	Production Casing Report	<input checked="" type="checkbox"/>

(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.)\*

(177ef) Pressure tested surface casing and BOP to 1500 psi for 15 min--held OK. Drilled 6 1/4" hole to 2893' KB. Ran 66 jts of 4 1/2", 10.5#, J-55 casing. Casing landed at 2897' KB. PBD of 2852' KB. Cemented with 250 sx (968 cf) of Class B containing 3% Sodium Metasilicate and 1/4 #/sk cello flakes. Tailed in with 150 sx of Class B containing 2% CaCl and 1/4 #/sk cello flakes. Circulated cement to surface.

RECEIVED  
FEB 08 1991  
OIL CON. DIV.  
DIST. 3

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

SIGNED Dana Delventhal

TITLE Agent

DATE Nov. 27, 1990

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JAN 30 1991

\*See Instructions on Reverse Side  
NMOCD

FARMINGTON RESOURCE AREA  
BY 202