

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078089	
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 1625' FSL, 1450' FWL		8. FARM OR LEASE NAME Scott 'E' Federal	
14. PERMIT NO.		9. WELL NO. 24-23	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6250' GR		10. FIELD AND POOL, OR WILDCAT Basin Fruitland	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24K T27N R11W	
		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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

SUBSEQUENT REPORT OF:

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.)*

Change BOPE system from 3M system to a 2M system and use target tees (high pressure where necessary).

RECEIVED
NOV 9 1990
OIL CON. DIV
DIST. 3

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

SIGNED Doris Moly

TITLE Engineering Tech

DATE 11/6/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

NOV 9 1990

AREA MANAGER

*See Instructions on Reverse Side