

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Bonneville Fuels Corporation | | 8. FARM OR LEASE NAME Scott E Federal 25 | |
| 3. ADDRESS OF OPERATOR 1600 Broadway, Suite 1110, Denver, CO 80202 | | 9. WELL NO. 25-22 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FNL, 1695' FWL F | | 10. FIELD AND POOL, OR WILDCAT W. Kutz Pictured Cliffs | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6249 GR | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25F 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: | | 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 type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <i>Report of Operations</i> <input checked="" type="checkbox"/> | |
| (Other) <input 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.)*

Spud well 12/6/90. Drill to 310'. RU and ran 7 jts 8 5/8" J-55 24# (296.95') landed @ 309'. Cmt surface csg w/200 sx (236 ft³) Cl-B + 2% CaCl₂ 1/4#/sx celloflake. PD @ 9:40 am 12/7/90. WOC. PT csg to 1000 psi, OK. Drill to TD @ 2105'. Logged, ran GR/SP Dual, GR/Micro, DSN. RU and ran 47 jts 5 1/2" 15.5# J-55 (2040") landed @ 2051'. Cmt prod csg w/ 210 sx (361 ft³) 65/35/6 + 2% CaCl₂ + 1/4#/sx celloflake + .4% FL-19. Tail w/ 100 sx (118 ft³) Cl-B + 2% CaCl₂ + 1/4#/sx celloflake + 1.7% BA-29. PD # 8:45 pm 12/9/90, circ 100 sx to pit. Released rig 1 am 12/10/90. WOCU.

RECEIVED

FEB 19 1991

OIL CON. DIST. 2

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

SIGNED *Doris C. Maly* TITLE *Engineering Technician* DATE *12-14-90*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE *FEB 12 1991*

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY *[Signature]*