

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

5. LEASE DESIGNATION AND SERIAL NO.
SF-078089

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Scott E Federal 36

9. WELL NO. 23

10. FIELD AND POOL, OR WILDCAT
Basin Fruitland coal

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
36K T27N R11W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Bonneville Fuels Corporation

3. ADDRESS OF OPERATOR
1600 Broadway, Suite 1110, Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1450' FSL, 1850' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether of, RT, GR, etc.)
6493 GR

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 ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

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 20 1990
OIL CON. DIV
LDIST. 3

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

SIGNED

Denis Maly

TITLE

Engineering Tech

DATE

11/6/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

NOV 09 1990

AREA MANAGER

*See Instructions on Reverse Side