Form 3160-5 (November 1983) (Formerly 9-331)

16.

UNITED STATES SUBMIT IN (Other lui) DEPARTMENT OF THE INTERIOR Verse alde)

SUBMIT IN TRIPLICATE*
(Other lustructions on re-

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

5. LEASE DESIGNATION AND BERIAL NO. SF-078094

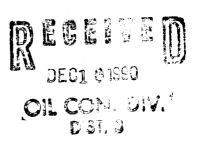
BUREA	31-078094	
SUNDRY NOTI	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPFEATOR Bonneville	Fuels Corporation	8. FARM OR LEASE NAME Fullerton Federal
3. ADDRESS OF OPERATOR 1600 Broadw	ay, Suite 1110, Denver, CO 80202	9. WELL NO. 14-32
See also space 17 below.)	early and in accordance with any State requirements.* 1450' FNL, 1700' FEL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland 11. SHC., T., E., M., OR BLK. AND BURYET OR ARMA
		6 14G T27N R11W
14. PERMIT NO.	15. ELEVATIONS (Show whether of, HT, GR, etc.)	12. COUNTY OR PARISH 13. STATE San Juan NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:				
		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
TEST WATER SHUT-OFF		PULL OR ALIER CASING				
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON®		SHOOTING OR ACIDIZING	ABANDON MENT*	_
REPAIR WELL		CHANGE PLANS	X	(Other)	77.1	
(Other)			<u> </u>	Completion or Recompleti	multiple completion on Well lon 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 gones pertinent to this work.) *

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



		APPROVED
18. I hereby certify that the foregoing is true and correct signed Doris Mary	TITLE Engineering	Fech. DATE 11/6/90
(This space for Federal or State Dec use)		DEC 03 1990
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE COLENSIN
*Se	e Instructions on Reverse Side	FARME OF HISTORIANS