

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Bonneville Fuels Corporation | | 8. FARM OR LEASE NAME Fullerton Federal /4 | |
| 3. ADDRESS OF OPERATOR 1600 Broadway, Suite 1110, Denver, CO 80202 | | 9. WELL NO. 24-32 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450' FNL, 1700' FEL | | 10. FIELD AND POOL, OR WILDCAT Basin Fruitland | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14G T27N R11W | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6184 GR | 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 PLANE <input checked="" type="checkbox"/> | (Other) <input 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.)*

Change of Proposed Casing and Cementing Program.

Casing will be:

Size of Hole: 7 7/8". Casing 5 1/2" 15.50# J-55 8rd.

Cementing will be:

Lead - \pm 155 sx 65/35/6 with 2% CaCl_2 , 1/4#/sx celloflake + 0.8% fluid loss additive.

Cement properties: 12.7 ppg, yield 1.72 ft³/sx.

Tail - \pm 100 sx Class 'B' with 1% CaCl_2 + 0.2% fluid loss additive.

Cement properties: 15.6 ppg, yield 1.17 ft³/sx.

RECEIVED

DEC 1 0 1990

OIL CON. DIV.
DIST. 3

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

SIGNED

Louis Maly

TITLE

Engineering Tech

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

10/23/90

DATE

[Signature]

NMOCD

*See Instructions on Reverse Side