

BUREAU OF LAND MANAGEMENT

NM 03198

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.)OIL WELL ☐ GAS WELL ☒ OTHER

NAME OF OPERATOR

McKenzie Methane Corporation

ADDRESS OF OPERATOR

1911 Main Ave. #255, Durango, Colorado, 81301
LOCATION OF WELL. (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1005' FSL, 1225' FWL

PERMIT NO.

N/A

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

6541' GL

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Frost 19

9. WELL NO.

5024 HM

10. FIELD AND POOL, OR WILDCAT

Basin FT Coal

11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA

Sec25-T27N-R10W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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 COMPLETION

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.)

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.)

Due to a last minute change of operator, 4-1/2" production casing was run in the above-mentioned well rather than 5-1/2" as permitted. The tail cement slurry was also changed to 125 sx 50/50 POZ, 2% gel. Eighteen bbls of cement were circulated to surface.

RECEIVED

MAR 04 1991

OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Operations Manager

DATE

2-14/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side

FEB 21 1991

George S. Smith, STEPHEN MACOR
AREA MANAGER