

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-078094

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

1. OIL WELL GAS WELL OTHER

8. FARM OR LEASE NAME
Fullerton Federal //

2. NAME OF OPERATOR
Bonneville Fuels Corporation

9. WELL NO.
41

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

10. FIELD AND POOL, OR WILDCAT
Basin Fruitland

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1045' FNL, 1095' FEL

11. SEC., T., E., M., OR BLK. AND
SURVEY OR AREA
11A T27N R11W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5964 GR

12. COUNTY OR PARISH 13. STATE
San Juan 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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

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.

DEC 2 1990
OIL CON. DIV.
DIST. 3

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

SIGNED Doris Moly TITLE Engineering Tech DATE 12-5-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE DEC 18 1990

CONDITIONS OF APPROVAL, IF ANY:

WOOD

APPROVED
DEC 18 1990
AREA MANAGER

*See Instructions on Reverse Side