

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Fullerton Federal 15

9. WELL NO.  
41

10. FIELD AND POOL, OR WILDCAT  
Basin Fruitland

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
15A 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  
790' FNL, 790' FEL

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6310' 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 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.)

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 2M system and use target tees (high pressure) where necessary.

RECEIVED  
DEC 21 1990  
OIL CON. DIV  
DIST. 3

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

SIGNED

*Doris Maly*

TITLE

*Engineering Tech*

DATE

*12-5-90*

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 18 1990

WOOD

*for AREA MANAGER*

\*See Instructions on Reverse Side