

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 type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078094	
2. NAME OF OPERATOR Bonneville Fuels Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1600 Broadway, Suite 1110, Denver, CO 80202		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME Fullerton Federal /5	
14. PERMIT NO.		9. WELL NO. 41	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6310' GR		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	

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 PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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 - ± 155 sx 65/35/6 with 2% CaCl<sub>2</sub>, 1/4#/sx celloflake + 0.8% fluid loss additive.

Cement properties: 12.7 ppg, yield 1.72 ft<sup>3</sup>/sx.

Tail - ± 100 sx Class 'B' with 1% CaCl<sub>2</sub> + 0.2% fluid loss additive.

Cement properties: 15.6 ppg, yield 1.17 ft<sup>3</sup>/sx.

RECEIVED  
DEC 22 1990  
CON. DIV.  
AST. 3

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

SIGNED

*Doris Moly*

TITLE

*Engineering Tech*

DATE

*11-26-90*

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

FOOD

\*See Instructions on Reverse Side

DEC 18 1990  
AREA MANAGER