

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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		5. LEASE DESIGNATION AND SERIAL NO. <u>SE 078089</u>
2. NAME OF OPERATOR <u>Bonneville Fuels Corporation</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>1600 Broadway, Ste 1110, Denver, CO 80202</u>		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 <u>1620' FNL, 330' FEL</u>		8. FARM OR LEASE NAME <u>Scott E. Federal 23</u>
14. PERMIT NO.		9. WELL NO. <u>42</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6148 RKB</u>		10. FIELD AND POOL, OR WILDCAT <u>West Kutz Pictured Cliffs</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>23H T27N R11W</u>
		12. COUNTY OR PARISH <u>San Juan</u>
		13. STATE <u>NM</u>

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Test Casing</u>	

(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 and 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.)

2-27-91 Pressure test 8 5/8" casing to 1000 psi, 30 min OK.

4-1-91 Pressure test 5 1/2" casing to 3000 psi, 30 min, OK.

RECEIVED

JUL 12 1991

OIL CON. DIV
DIST. 2

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

SIGNED

Dan Moly

TITLE

Engineering Technician

DATE

7/10/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side