

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other COALBED METHANE	5. Lease Designation and Serial No. NM-0498
2. Name of Operator J.K. EDWARDS ASSOCIATES, INC.	6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. 1331 - 17TH STREET, SUITE 710, DENVER, CO 80202 (303) 298-1400	7. If Unit or CA, Agreement Designation N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1080' FNL & 1490' FEL NW NE SECTION 8, T30N - R12W	8. Well Name and No. <u>8 FC # 1</u> FEDERAL #8-1-FC
	9. API Well No. 30-045-28927
	10. Field and Pool, or Exploratory Area BASIN (FRUITLAND COAL)
	11. County or Parish, State SAN JUAN CO., N.M.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other CASING TEST
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)*

Performed production casing test to 2500 PSI on 01/24/93, prior to perforating.

RECEIVED
MAR 1 1993
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
93 FEB 19 AM 11:42
070 FARMINGTON, NM

14. I hereby certify that the foregoing is true and correct	J. Keith Edwards	Date 02/12/93
Signed <u>J. Keith Edwards</u>	Title President	
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any: _____		

ACCEPTED FOR RECORD
Date