

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
M00-C-1420-4387
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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
BASF Corporation (303) 565-7773

3. ADDRESS OF OPERATOR
230 West North St., Cortez, Co. 81321

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Surface: 1650' FSL & 1850' FEL (NWSE) Bottom: Same

14. PERMIT NO.
30-045-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5,537' ungraded ground

7. UNIT AGREEMENT NAME
Ute Mtn. Ute

8. FARM OR LEASE NAME
N/A

9. WELL NO.
Ute Mtn. Ute

10. FIELD AND POOL, OR WILDCAT
30-33

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Basin Dakota

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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Extend APD approval

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)

Still plan to drill. Wish to extend approval another 6 months.

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

SIGNED

TITLE

Consultant

DATE

3-4-91

(This space for Federal or State office use)

APPROVED BY (s) **Kent Hoffman**

TITLE

ACTING AREA MANAGER

CONDITIONS OF APPROVAL, IF ANY:

cc: BIA, BLN(3+2 for OGD), Clausen, G. Hammond, Stone

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD