

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 751-88-0001
2. NAME OF OPERATOR BASF Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mtn. Ute
3. ADDRESS OF OPERATOR 5 Post Oak Park, Suite 800, Houston, TX 77027	7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1284' FSL & 1112' FWL (SWSW)	8. FARM OR LEASE NAME Ute Mtn. Ute 28
14. PERMIT NO. API 30-045-28213	9. WELL NO. 14
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5,505' ungraded ground	10. FIELD AND POOL, OR WILDCAT Verde-Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 28-31n-14w NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other) Set casing	<input type="checkbox"/>		

(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.)

Set 20" casing @45'. Circulate to surface w/RediMix.

Set 13-5/8" casing @ 244'. Cemented w/290 sacks. Cement was circulated to surface (15 bbls).

TIGHT HOLE.....PLEASE HOLD ALL INFORMATION CONFIDENTIAL.

Pressure Test Csg,
2800 # on
10-28-90

RECEIVED
DEC 26 1990
OIL CON. DIV.
DIST. 3

RECEIVED
OCT 10 1990

Bureau of Land Management
Durango, Colorado

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

SIGNED A.C. Stone A.C. Stone TITLE Reg & Prod Analyst

(This space for Federal or State office use)

ACCEPTED FOR RECORD DATE 10/04/90

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side