

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.

SF78089 078089

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Scott Federal 23-42

9. API Well No.

3004528516

10. Field and Pool, or Exploratory Area

W. Kutz Pictured Cliffs

11. County or Parish, State

San Juan, NM

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

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Bonneville Fuels Corporation

3. Address and Telephone No.

1660 Lincoln, Suite 1800, Denver, CO 80264 (303) 863-1555

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1620' FNL, 330' FNL Sec 23H T27N R11W

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

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☒ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other \_\_\_\_\_
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)\*

Bonneville Fuels Corporation requests permission to recomplete the above referenced well in the Fruitland Coal.

See attached for recompletion procedure.

Work to commence approximately 10/1/92

RECEIVED  
SEP 15 1992

OIL CON. DIV

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

Signed

Title

Operations Manager

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

APPROVED  
AS AMENDED

SEP 14 1992

AREA MANAGER

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.

\*See Instruction on Reverse Side

NMCCD

Scott Federal #23-42  
KB 6148, GL 6136, PBTD 1899KB  
5½ J55 15.5# csg @ 1943KB  
Perfs 1836-48, 24 ½"holes

### Fruitland Coal Recompletion

1. Kill well, ND Wellhead, NU BOPs
2. Tag Bottom and TOH w/tbg Tallying out
3. PU 4 1/2" bit and scrapper, TIH w/ 2 7/8" work string
4. Clean out to bottom of csg
5. TOH w/ tbg, bit and scrapper
6. TIH w/ tbg and Arrow type 32 packer
7. Set packer @1810KB
8. Squeeze open hole w/ ±25 sxs class B CMT and additives, displace to packer.
9. SI 24hrs.
10. TOH w/ tbg and packer
11. PU 4 5/8" bit, scrapper and TIH w/ tbg, clean out to 1836KB
12. Set CIBP @ 1834KB
13. Pressure up CSG to 500 psi and test squeeze
14. TOH w/ tbg and bit
15. Perforate w/ csg gun 1818-25 and 1743-47 4spf
16. Breakdown perfs w/ 500 gal 15% HCL and flush with 2% KCL water
17. Frac w/ 23,000 gal 70 Q N<sub>2</sub> foam and 40,000 lbs 20/40 sand.
18. Circulate sand out to CIBP
19. TOH w/ packer and tbg
20. Set retrieveable bridge plug @ 1700KB
21. Perforate from 1652-56 and 1631-35 4spf
22. Breakdown perfs w/ 500 gals 15% HCL and flush with 2% KCL
23. Frac w/ 22,000 gal 70 Q N<sub>2</sub> foam and 36,000 lbs 20/40 sand.
24. TIH w/ tbg and retrieving head, and circulate sand out to RBP
25. TOH w/ tbg and RBP
26. TIH w/ 2 3/8" production tbg and hang off @1730KB
27. Swab well on, and test
28. Hookup compressor, pipeline and place on line

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. <i>SF 078899</i> IN DIVISION
2. NAME OF OPERATOR <i>Bonneville Fuels Corporation</i>		6. IF INDEED A LOTTERY OR TRIBE NAME RECEIVED
3. ADDRESS OF OPERATOR <i>1600 Broadway, Ste 1110, Denver, Co 80202</i>		7. UNIT AGREEMENT NAME <i>91 JUL 17 AM 9 48</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1620' FNL, 330' FEL</i>		8. FARM OR LEASE NAME <i>Scott E. Federal 23</i>
14. PERMIT NO.		9. WELL NO. <i>42</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>6148 RKB</i>		10. FIELD AND POOL, OR WILDCAT <i>West Kutz Pictured Cliffs</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>23H T27N R11W</i>
		12. COUNTY OR PARISH <i>San Juan</i>
		13. STATE <i>NM</i>

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 type="checkbox"/>	(Other) <i>Test Casing</i> <input checked="" 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.)\*

*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. 3

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

SIGNED *Darin 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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

RECEIVED

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION AM 10 24  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Bonneville Fuels Corporation</b>	Well API No. <b>30-045-28516</b>
Address <b>1600 Broadway, Ste 1110, Denver, Co 80202</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Scott E Federal 123</b>	Well No. <b>42</b>	Pool Name, including Formation <b>W. Kutz P.C.</b>	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. <b>5F078089</b>
Location				
Unit Letter <b>H</b>	: <b>1620</b>	Feet From The <b>N</b>	Line and <b>330</b>	Feet From The <b>E</b>
Section <b>23</b>	Township <b>27 N</b>	Range <b>11 W</b>	NMPM, <b>San Juan</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>GAS Company of New Mexico</b>	<b>PO Box 26400, Albuquerque, NM 87121</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<b>No</b>	<b>7/10/91 (SI)</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<b>X</b>	<b>X</b>					
Date Spudded <b>2/25/91</b>	Date Compl. Ready to Prod. <b>4/16/91</b>		Total Depth <b>1970'</b>		P.B.T.D. <b>1893</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6148 RKB</b>	Name of Producing Formation <b>Pictured Cliffs</b>		Top Oil/Gas Pay <b>1836</b>		Tubing Depth <b>1815</b>			
Perforations <b>1836 - 1848</b>					Depth Casing Shoe <b>1943'</b>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4</b>	<b>8 5/8</b>	<b>307</b>	<b>220</b>
<b>7 7/8</b>	<b>5 1/2</b>	<b>1943</b>	<b>325</b>
	<b>2 3/8</b>	<b>1815</b>	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		<b>REGULATIVE</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <b>JUL 12 1991</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <b>OIL CON. DIV</b>

GAS WELL

Actual Prod. Test - MCF/D <b>429</b>	Length of Test <b>24 hrs</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) <b>45</b>	Casing Pressure (Shut-in) <b>90</b>	Choke Size <b>1"</b>

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature **Doris Mary**  
Printed Name **DORIS MARY Engineering Tech.** Title  
Date **7/9/91** (303) 863-1555 Telephone No.

OIL CONSERVATION DIVISION

JUL 12 1991

Date Approved

By **Charles Holman**

Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0137  
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: ☒ OIL ☒ GAS ☐ DRY ☐ Other \_\_\_\_\_  
b. TYPE OF COMPLETION: ☒ NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. GENR. ☐ Other \_\_\_\_\_  
FARMINGTON RESOURCE AREA  
MEXICO

2. NAME OF OPERATOR  
Bonneville Fuels Corporation

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
1600 Broadway, Suite 1110, Denver, CO 80202

At surface 1620' FNL, 330' FEL

At top prod. interval reported below Same

At total depth

Same

14. PERMIT NO. DATE ISSUED  
OIL CONJ DIV  
JUN 5 1991

15. DATE SPURRED 2/25/91 16. DATE T.D. REACHED 3/1/91 17. DATE COMPL. (Ready to produce) 4/16/91 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 6148 RKB 19. ELEV. CASINGHEAD 6136 GL 6084

20. TOTAL DEPTH, MD & TVD 1970 MD 21. PLUG, BACK T.D., MD & TVD 1893' MD 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY 0-1970' ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 25. WAS DIRECTIONAL SURVEY MADE

1836-1848 Pictured Cliffs

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORED  
SDL, DSN, DiGL, Micro, CBL No

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	307'	12 1/4"	220 sx C1-B	NA
5 1/2"	15.5#	1943'	7 7/8"	250sx 65:35:6 & 75sx C1	NA

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	1815.42'	NA

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
1836-48* holes		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
24 1/2" holes		1836-48'	150g 15% HCL, 25,500g 700 foam + 45000# sd

33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
4/16/91		Flowing				SI WOPL	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
4/16/91	4	64/64"		-0-	72	0	NA
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	GRAVITY-API (CORR.)	
45 psi	90 psi		-0-	429		NA	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Flared

35. LIST OF ATTACHMENTS

Deviation Survey. (Logs sent under separate cover)

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED

Don Maly

TITLE Engineering Tech

DATE 5/15/91

\*(See Instructions and Spaces for Additional Data on Reverse Side)

## GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alomo Fruitland Pictured Cliffs	690' 1410' 1837'	853' 1837'	Water Gas	Ojo Alomo Kirkland	690' 853'	

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**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

91 APR -5

019 FARMINGTON, N.M.

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Bonneville Fuels Corporation

3. Address and Telephone No.

1600 Broadway, Suite 1110, Denver, CO 80202

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1620' FNL, 330' FEL Sec 23H T27N R11W

5. Lease Designation and Serial No.

SF-078089

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Scott E Fed. 23-42

9. API Well No.

10. Field and Pool, or Exploratory Area

West Rutz PC

11. County or Parish, State

San Juan, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other \_\_\_\_\_
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)\*

Spud well @ 12:00 pm 2/25/91 with Vernon rig #1. Drill 12 1/4" hole to 315'. C&C mud. TOO H. RU & ran 7 jts 8 5/8" 24# J-55 8rd csg landed @ 307.07' KB. (KB + 12'). RU BJ & cmt 8 5/8" csg w/ 220 sx cl-B + 2% Cacl<sub>2</sub> + 1/4#/sx celloflake. Circ 70 sx cmt to surf. WOC. Drill 7 7/8" hole to TD @ 1970'. TOO H w/DP & DC. RU Haliburton, ran SDL, DSN, DiGL & ML Micro fr 1935' (loggers TD) to bottom of surf csg. RD loggers. RU & ran 44 jts 5 1/2" 15.5# J-55 8 rd prod csg land @ 1943'KB. RU BJ, Cmt 5 1/2" csg w/250 sx 65/35/6 + 2% Cacl<sub>2</sub> + 1/4#/sx celloflake, tail w/ 75 sx Cl-B + 1.4% BA-29 & .8% FL-19 + 3% salt. Circ 125 sx to surf. ND BOPE. RDMO Vernon Rig #1. WOCU.

RECEIVED

APR 26 1991

OIL CON. DIV.  
DIST. 3

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

Signed Doris Maly

Title Engineering Tech

Date 03/28/91

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Conditions of approval, if any:

ACCEPTED FOR RECORD

APR 23 1991

FARMINGTON RESOURCE AREA

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.

\*See Instruction on Reverse Side

OIL CONSERVATION DIVISION  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 100-1-0136  
Expires August 31, 1985

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK  
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL  
OIL WELL ☐ GAS WELL ☒ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. NAME OF OPERATOR  
Bonneville Fuels Corporation

3. ADDRESS OF OPERATOR  
1600 Broadway, Suite 1110, Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
At surface 1620 360' FNL & 1450' FEL 330  
At proposed prod. zone same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*  
10 miles south of Bloomfield, New Mexico

16. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drilg. unit huc, if any) 4420

18. DISTANCE FROM PROPOSED LOCATION\* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. ± 2350

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6084 GR This action is subject to technical and procedural review pursuant to 43 CFR 3165.3

23. and appeal proposed casing and cementing program, DRILLING OPERATIONS AUTHORIZED ARE

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH
12 1/4	8 5/8	24#	+ 300'
7 7/8	4 1/2	11.60#	+ 2000

5. LEASE DESIGNATION AND SERIAL NO.

SF-078079-078089

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Scott 'E' Federal 23

9. WELL NO.

23-42

10. FIELD AND TOOL, OR WILDCAT

W. H. H. PC

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

Sec. 23, T27N-R11W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

17. NO. OF ACRES ASSIGNED TO THIS WELL 160

16. NO. OF ACRES IN LEASE 2560

19. PROPOSED DEPTH 2000

20. ROTARY OR CABLE TOOLS Rotary

22. APPROX. DATE WORK WILL START\* October 1, 1990

Exhibits Attached:

Ten Point Compliance Program

Surface Use & Operation Plan

Exhibit 1 Blowout Preventer

- " 2 Location & Elevation
- " 3 Vicinity Map
- " 4 One Mile Radius Map
- " 5 Topography & Pad Layout
- " 6 Cross Sections & Volumes
- " 7 Rig Layout

Exhibit 8 Production Facility Layout

RECEIVED  
FEB 08 1991  
OIL CON. DIV.  
DIST. 3

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

SIGNED David P. Smith

TITLE Operations Supervisor

DATE 8/6/90

(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NSL-2986 (C)

AS AMENDED

FEB 06 1991

AREA MANAGER



Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator <b>BONNEVILLE FUELS CORP.</b>			Lease <b>SCOTT "E" FEDERAL 23</b>		Well No. <b>23-42</b>
Unit Letter <b>H</b>	Section <b>23</b>	Township <b>27N</b>	Range <b>11W</b>	County <b>NMPM San Juan</b>	
Actual Footage Location of Well: <b>1620</b> feet from the <b>North</b> line and <b>330</b> feet from the <b>East</b> line					
Ground level Elev. <b>6136</b>	Producing Formation <b>Pictured Cliffs</b>		Pool <b>W. K. 3</b>	Dedicated Acreage: <b>160</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

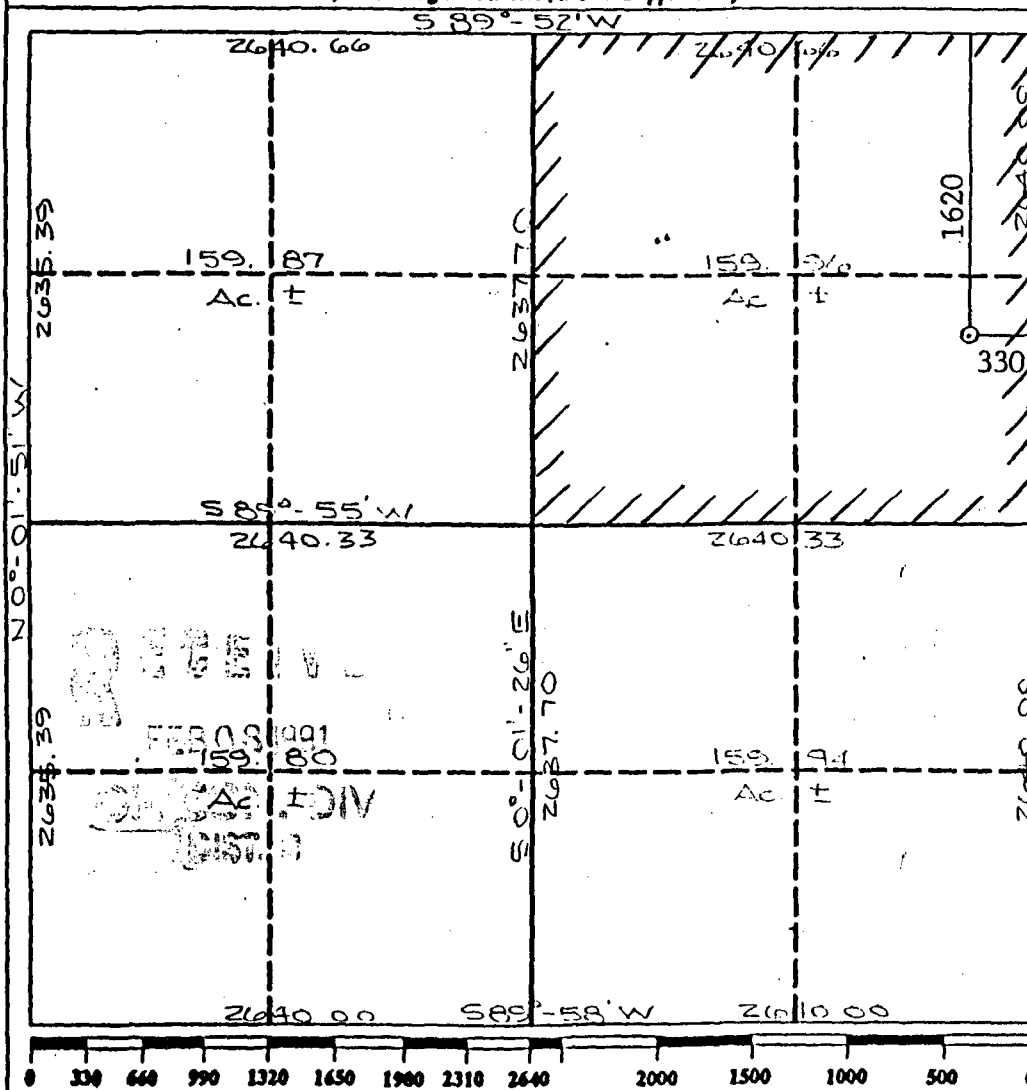
☐ Yes

☐ No

If answer is "yes" type of consolidation

If answer is "no", list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature

Printed Name

Gerald D. Gentry

Position

Operations Supervisor

Company

Bonneville Fuels Corporation

Date

January 22, 1991

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

January 16, 1991

Signature of  
Professional Surveyor

Cecil Tullis

Certificate No.

9672