

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RCVD NOV 14 06
OIL CONS. DIV.
DIST. 3

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM 104607
2. Name of Operator Coleman Oil & Gas, Inc.		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Drawer 3337	3b. Phone No. (include area code) 505-327-0356	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 700' FNL, 1600' FWL C, Section 14, T24N, R11W Latitude 36.318869°, Longitude 107.975954°		8. Well Name and No. Juniper West 14 #21
		9. API Well No. 30-045-33827
		10. Field and Pool, or Exploratory Area Basin Fruitland Coal
		11. County or Parish, State San Juan, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomplate in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

SPUD WELL OCTOBER 29, 2006 @ 8:00 AM. DRILLED 12 1/4" HOLE TO 136 FT. KB AND RAN 3 JTS OF 8 5/8" 24# J-55 ST&C NEW CASING. RAN A TOTAL FOOTAGE OF 126.83 FT. AND LANDED @ 132.83 FT. KB. CEMENTED W/ 165 SACKS TYPE 5 CEMENT W/3% CALCIUM CHLORIDE AND 1/4# PER SACK CELLOFLAKE. CIRCULATED 10 BARRELS OF CEMENT TO RESERVE PIT. NIPPLED UP BOP AND MANIFOLD. PRESSURE TESTED BOP, MANIFOLD AND CASING TO LOW 250 PSIG AND HIGH 750 PSIG. DRILLED 7 7/8" HOLE TO 1280 FT. KB. TD WELL @ 1280 FT. KB @ 3:00 PM ON OCTOBER 31, 2006. RAN A TOTAL OF 32 JTS 5 1/2" 15.50# FT. ET&C J-55. LANDED CASING @ 1280.22 FT. KB. CEMENTED W/ 166 SACKS TYPE 5 CEMENT WITH 2% SM, 1/4# PER CELLOFLAKE AND 2# PER SACH PHENOSEAL. TAILED W/ 75 SACKS TYPE 5 CEMENT WITH 1/4# PER CELLOFLAKE AND 2# PER SACH PHENOSEAL. DID NOT CIRCULATE CEMENT TO SURFACE HOWEVER, RETURNS CONTAINED RED DYE, CELLOFLAKE AND PHENOSEAL. PLUG DOWN AT 1:30 PM NOVEMBER 1, 2006. BUMPED PLUG TO 1000 PSIG. PLUG AND CASING HELD FOR RECORD PRESSURE.

NOV 09 2006
FARMINGTON FIELD OFFICE
BY *TL Salvets*

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

MICHAEL T. HANSON

Title **OPERATIONS ENGINEER**

Signature

Michael T. Hanson

Date

November 6, 2006

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

(Instructions on page 2)

Report TOC on 5 1/2 CSG. & method of determination

NMOCD

B u/14/06