

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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. N00-C-14-20-4305 | |
| 2. NAME OF OPERATOR George E. Coleman Burr + Cooley | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted | |
| 3. ADDRESS OF OPERATOR P.O. Box 1915, Farmington, N.M. 87401 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1,650 ft. FWL and 330 ft. FNL | | 8. FARM OR LEASE NAME Coleman | |
| 14. PERMIT NO. | | 9. WELL NO. #2 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7013 KB | | 10. FIELD AND POOL, OR WILDCAT Lone Pine Dakota "D" | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8-T17N-R8W | |
| | | 12. COUNTY OR PARISH McKinley | |
| | | 13. STATE N.M. | |

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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | (Other) <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.)*

The subject well was abandoned on February 23, 1977 as follows:

1. Spotted 140 ft., cement plug @ 2,820 - 2,680 ft.
2. Spotted 300 ft., cement plug @ 2,000 - 1,700 ft.
3. Spotted 50 ft., cement plug @ surface
4. Installed 4 in. by 4 ft. dry hole marker.



RECEIVED

MAR 17 1977

U. S. GEOLOGICAL SURVEY

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

SIGNED R.D. Simmons

TITLE Engineer

DATE

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE