

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NOO-C-14-20-4305
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 Abandonment

2. NAME OF OPERATOR Burr & Cooley

3. ADDRESS OF OPERATOR Drawer 3337
Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FNL, 330' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6999 Gr.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Coleman

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Lone Pine Dakota D

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 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"/>	

(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.)*

In compliance with
Certified Letter dated August 25, 1987
Number P-488-632-863.

Lease Number welded on dry hole marker.

Well Pad reseeded with BIA Seed Mix_Navajo II.

Work performed on 7-22-1988 and witnessed by the undersigned.

RECEIVED
AUG 01 1988
OIL CON. DIV.
DIST. 3

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

SIGNED George E. Coleman Agent for: TITLE George E. Coleman ACCEPTED FOR RECORD DATE 7-26-1988

(This space for Federal or State official use)

APPROVED BY _____ TITLE _____ DATE JUL 29 1988

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
FARMINGTON NEW MEXICO

*See Instructions on Reverse Side

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