

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR

JOEL B. BURR, JR.

3. ADDRESS OF OPERATOR 87401

Suite 300, 300 W. Arrington, Farmington, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990' FNL & 2310' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

- | | | |
|-----------------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) CHANGE OF OPERATOR. | <input type="checkbox"/> | <input type="checkbox"/> |

5. LEASE
NM 15646

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
ROBINSON-COLEMAN

9. WELL NO.
1

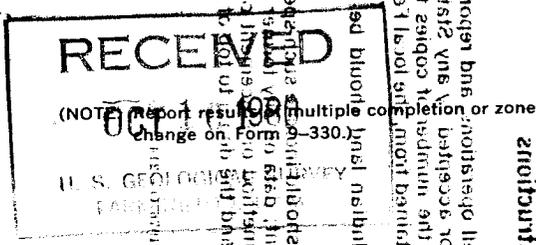
10. FIELD OR WILDCAT NAME
FRANCISCAN LAKE MESA VERDE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 13, T20N, R6W

12. COUNTY OR PARISH 13. STATE
MCKINLEY NEW MEXICO

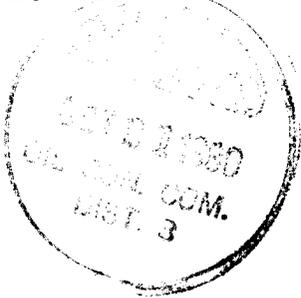
14. API NO.

15. ELEVATIONS (SHOW DEPT. KDB AND WD)
6760 GL



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.)*

This is to advise that Joel B. Burr assumed operations of the Robinson Coleman No. 1 well from George E. Coleman effective Sept. 11, 1980.



Subsurface Safety Valve: Manu. and Type _____

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

SIGNED JACK D. COOK TITLE AGENT DATE October 9, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ok 3.11.80

RECEIVED
 OCT 11 1980
 U.S. GEOLOGICAL SURVEY
 FARMINGTON, N.M.
 (NOTE: Report results of multiple completion or zone change on Form 9-330.)
 INSTRUCTIONS