

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM 15646

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Robinson Coleman

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Franciscan Lake-Mesa Verde

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

Sec. 13, T20N, R6W, NMPM

12. COUNTY OR PARISH 13. STATE
McKinley N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Joel B. Burr, Jr.

3. ADDRESS OF OPERATOR

P. O. Box 50, Farmington, N.M. 87499

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

990' FNL 2310' FWL

14. PERMIT NO.

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

6760 GL

10.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Well status

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Request permission for this well to remain in inactive status. All other wells in the field other than those drilled on Navajo Lease No. NOO C-14-20-4402 have been placed in inactive status until December, 1989. Unable to do remedial work on this well at current oil prices.

Casing in subject well remains sound and no contamination of other formations is contemplated.

THIS APPROVAL EXPIRES DEC 01 1989

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

SIGNED

TITLE Operator

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

DATE 2/27/89

MAR 4 1989

DATE

Area Manager
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

MOCC