

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 15646

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

ROBINSON-COLEMAN

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

FRANCISCAN LAKE M.V.

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

SEC 13, T20N, R6W

12. COUNTY OR PARISH

MCKINLEY

13. STATE

NM

1. OIL ☒ GAS ☐ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

JOEL B. BURR, JR.

3. ADDRESS OF OPERATOR

SUITE 300, 300 W. ARRINGTON, FARMINGTON, NEW MEXICO 87401

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

330 FNL', 2310' FWL

14. PERMIT NO.

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

6758' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 perti-  
nent to this work.)\*

8-4-78 PRESSURE TESTED 5½" CSG TO 3000 PSI FOR 15 MINUTES. OK

RAN G/R, CEMENT BOND LOG TO 2475'

PERFORATED W/4" GUN 2330'-34' 4SPF

ACIDIZED PERFORATIONS W/500 GAL 15% HCL

8-7-78 FRACTURE TREATED PERFS W/500GAL 15% HCL

FOLLOWED BY 16,000# 20/40 SAND IN 30# GELLED KCL WATER @ 10 BPM

@ 1400 PSIG. FLUSHED W/1000 GAL KCL WATER & 1500 GAL 5% HCL.

ISIP 700 PSI, 15 MIN 200 PSI, 30 MIN 0 PSI

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

SIGNED

TITLE AGENT

DATE

9/6/78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side