

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 ☒ gas ☐ other ☐
2. NAME OF OPERATOR
GEORGE E. COLEMAN
3. ADDRESS OF OPERATOR
Suite 300, 300 W. Arrington, Farmington, NM
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FWL and 660' FNL
AT TOP PROD. INTERVAL: SAME
AT TOTAL DEPTH: SAME

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☒ ☐
(other) _____

5. LEASE
NM 15646
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
ROBINSON-COLEMAN
9. WELL NO.
3
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
MCKINLEY
13. STATE
NEW MEXICO
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6780 Ground

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Refer to previous Sundry Notices for well data. Tested well and found same to be non-commercial. Propose to plug and abandon as follows:

PLUG NO.

- 1 15 sacks class "B" cement 1800-2000'. Shoot off csg @ approx. 1400'.
- 2 50' in and 50' out, 4 1/2" csg. stub. 30 sacks class "B" cement.
- 3 60 sacks class "B", 400-600 ft.
- 4 30 sacks class "B", 0-75 ft.

Install dry hole marker. Pits will be filled as soon as practical. Location to be restored to BLM specification.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED JACK D. COOK TITLE AGENT DATE April 18, 1979

(This space for Federal or State office use)

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