

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 15646
2. NAME OF OPERATOR George E. Coleman		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Drawer 3337 Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL, 2310' FWL		8. FARM OR LEASE NAME Robinson-Coleman
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6722 Gr.		10. FIELD AND POOL, OR WILDCAT Franciscan Lake Mesaverde
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T20N, R6W
		12. COUNTY OR PARISH McKinley
		13. STATE New Mexico

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"/>	Surface Casing

(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.)*

Ran 2 jts, 8-5/8 casing, 24#, New, J55,
landed @ 84' CL, cemented 100 sacks,
Class 'B' cement, 2% CaCl, circulated.



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

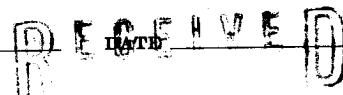
Original Signed By: **CLAUDE G. KENNEDY** TITLE **Agent** DATE **1-29-1979**

SIGNED **CLAUDE G. KENNEDY** TITLE _____ DATE _____

(This space for Federal or State official use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



FEB 4 1979

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

UNITED STATES
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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. **4**

10. FIELD AND POOL, OR WILDCAT
Franciscan Lake Mesaverde

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

12. COUNTY OR PARISH **McKinley** 13. STATE **New Mexico**

1. OIL ☒ WELL GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR

George E. Coleman

3. ADDRESS OF OPERATOR

**Drawer 3337
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

2310'FWL, 2310'FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6722 Gr

16. 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) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

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.)

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COMPLETION WORK:

PB 2790, Test casing to 3000 PSI,
Spot 500 gal 15% HCL, perforate from Density Log,
2 @ 2654, 2 @ 2675, 2 @ 2694, 4 @ 2697, 2 @ 2708,
8 @ 2712-14, 4 @ 2718, 16 @ 2724-28.
Pump 3000 gal 15% HCL @ MAX 1200 PSI,
Natural swab show gas with 5% oil cut.

Sand & Gel water fracture treat 2654-2728
25,000 gal water, 34,000 # 20/40 sand,
IR: 9 BPM, ATP 850, ISIP 400.
Flow 1 hour. Shut in.
Present Operation: Swab back frac.

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

SIGNED Original Signed By:

CLAUDE C. KENNEDY

TITLE Agent

DATE **2-13-1979**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 15 1979