

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-11928

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> WILDCAT	RECEIVED OCT 23 1980 U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Coleman Oil & Gas, Inc.		8. FARM OR LEASE NAME BOC
3. ADDRESS OF OPERATOR Drawer 3337 Farmington, New Mexico 87401		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1570'FSL, 810'FWL		10. FIELD AND POOL, OR WILDCAT WILDCAT
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7677 Gr.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T22N, R1W
		12. COUNTY OR PARISH Sandoval
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Spud & Surface Csg.	

(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.)*

9-30-1980 Spud 1:40 P.M.
Ken Baker, USGS, witness drilling operations @ 2:15 P.M.

Ran 3 jts, 7-5/8" used, K-55, 135', set @ 137', cemented with 80 sacks, Class 'B' cement, 2% CaCl, circulated 4 barrels. Job complete 7:30 PM, WOC.

(USGS notified, representative not present)

10-1-1980 505 @ 5PM
10-2-1980 900 @ 5PM
10-3-1980 1165 @ 5PM
10-4-1980 Trip 1385
10-8-1980 TD 1625 Fishing



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

SIGNED Charles C. Kennedy TITLE Agent

DATE 10-10-1980

(This space for Federal or State use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

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