Form 9-331 (May 1963)		UNITED STATES SUBMIT IN TRIPLICATE* (Other Instructions on re-		Form approved. Budget Bureau No. 42-R1424.
		_	OR verse side)	5. LEASE DESIGNATION AND SERIAL NO. NM-11928
GEOLOGICAL SURVEY				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	form for proposals to dri	ND REPORTS C 11 or to deepen or plug b R PERMIT—" for such pr	ack to a different reservoir	
OIL GAS GAS WELL OTHER Wildcat				7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR				8. FARM OR LEASE NAME BOC
	Coleman Oil & Gas, Inc.			
3. ADDRESS OF OPERATOR 6109 Del Campo Pl. N.E.				9. WELL NO.
Albuquerque, New Mexico 87109				1-Y
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1605 FSL. 810 FWL				10. FIELD AND POOL, OR WILDCAT
				Wildcat 11. SEC., T., R., M., OB BLK. AND
			r i de	SURVEY OR AREA
			1.3	See 10 maan pau
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)				Sec. 10, T22N, RIW
	13. 512	7677 Gr.	particular design of the second	Sandoval New Mexic
16.	Check Appropriat	e Box To Indicate N	lature of Notice, Report, or C	ther Data
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OF	PULL OR A	LTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE	COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PI	ANS	(00)	ge of Name X
KINI AIK WEDD				of multiple completion on Well etion Report and Log form.)
(Other)			t details and give pertinent dates.	including estimated date of starting any
(Other) 17. DESCRIBE PROPOSED OR			tions and measured and true vertica	depths for all markers and zones perti-
(Other) 17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)	well is directionally drill	ed, give subsurface locat		i depths for all markers and zones perti-
(Other) 17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)	well is directionally drill	ed from: BOC #	tions and measured and true vertica	i depths for all markers and zones perti-



18. I hereby certify that the region is true and correct	
SIGNED Lande Le franky TITLE Agent	DATE 7-30-81
(This space for Federal or State of	
APPROVED BYTITLE	(DATE)
CONDITIONS OF APPROVAL, IF ANY:	
	. 84 - K 198 1

*See Instructions on Reverse Side

BY __________