

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-14269

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Coleman Oil & Gas, Inc.	8. FARM OR LEASE NAME Eagle Spring
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 800'FNL, 800'FEL	10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, 20N-4W
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6861 Gr.	12. COUNTY OR PARISH Sandoz
	13. STATE

RECEIVED
SEP 22 1981

S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

18. 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"/> 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.)*

Spud: 8-31-1981 @ Noon.

U.S.G.S. Witness: Net Dollar

Set 1 jt, 7" used casing, 30', cemented 30 sacks, circulated.



SIGNED Stanley C. Kennedy TITLE Agent DATE 9-5-1981

(This space for Federal or State use)

APPROVED BY _____ TITLE _____ ACCEPTED DATE 1 RECORD

CONDITIONS OF APPROVAL, IF ANY:

SEP 22 1981

*See Instructions on Reverse Side

NMOCC

BY SAN FARMINGTON DISTRICT