

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Colman Oil & Gas, Inc.</i>	8. FARM OR LEASE NAME <i>Divide</i>
3. ADDRESS OF OPERATOR <i>Box 3337 Farmington NM 87401</i>	9. WELL NO. <i>1</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>330 FNL, 790 FEL</i>	10. FIELD AND POOL, OR WILDCAT <i>Reo Puerto Blanco Exp</i>
14. PERMIT NO.	11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA <i>See 31, T21N, R3W</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>7021' GR</i>	12. COUNTY OR PARISH <i>Sandoval</i>
	13. STATE <i>NM</i>

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MAY 29 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☒
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)			

(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.)

It is proposed to change the setting of the 7" casing from 4600' to 4200'. The casing will be 23" K-55 or better. It will be new or used that has been inspected.

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OIL CON. DIV.
DIST. 3

18. I, the undersigned, certify that the foregoing is true and correct:

SIGNED

TITLE

DATE

(This space for Federal or State officer use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 30 1985

M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOC