

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 25295
2. NAME OF OPERATOR Coleman Oil & Gas	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 3337	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 330'FNL, 790'FEL	8. FARM OR LEASE NAME Divide
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Undesignated
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T21N, R3W
14. PERMIT NO.	12. COUNTY OR PARISH Sandoval
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7081'GR	13. STATE N.M.

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JUL 21 1986

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 PLANE <input type="checkbox"/>
(Other) Request Ext. of W S.I. <input checked="" 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 type="checkbox"/>	

(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 bottom-hole pressure survey 7-9-86. No pressure on the wellhead or fluid in the hole.

Request approval to ~~temporarily abandon~~ ^{Shut in} well while stimulation and/or redrilling techniques are evaluated.

Approved Until January 1, 1987

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JUL 23 1986
OIL CO. DIST.

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

SIGNED

TITLE President

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE JUL 23 1986

DATE JUL 23 1986

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side
NMOC