

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.  
**NMSE 0-81171-K**  
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 reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
**COULTHURST MANAGEMENT AND INVESTMENTS, INC**

3. Address and Telephone No.  
**1990 MARIN AVE, BERKELEY, CA 94707 510-527-2659**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**1650' FNL AND 2310' FWL SECTION 33, T18N, R3W**

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
**ERIN**

9. API Well No.  
**#4**

10. Field and Pool, or Exploratory Area  
**South SAN LUIS**

11. County or Parish, State  
**SANDOVAL, New Mexico**

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

**ERIN #4 WILL CONTINUED TO BE TESTED IN JULY THROUGH SEPT. ALL INCIDENTS OF NON COMPLIANCE WILL BE ADDRESSED**

RECEIVED  
AUG 23 1995  
OIL CON. DIV.  
DIST. 3

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

Signed **John Coulthurst** Title **PRESIDENT** Date **6/30/95**

(This space for Federal or State official use)

Approved by **John Coulthurst** Title **for Chief, Lands and Mineral Resources** Date **AUG 22 1995**

Conditions of approval, if any: