

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(*Other Instructions on re-
verse side)

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

MM 15657
6. WELL INDEX, 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Coal Creek Oil Associates | 8. FARM OR LEASE NAME Coal Creek |
| 3. ADDRESS OF OPERATOR 900 Grant, Suite 200, Denver, Colorado 80203 | 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 990 ENL, 990' FWL | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28 T-23N, R-12W |
| 15. ELEVATIONS (Show whether DE, RT, GR, etc.) 6025' GR | 12. COUNTY OR PARISH San Juan |
| | 13. STATE N. M. |

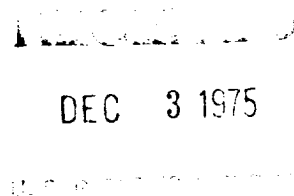
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input checked="" type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <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 5JTS 8 5/8", 24# CSG (total equipment 213')
Set @ 215', cemented with 125 Sacks Class "B",
2% CACL. Good returns to surface.
Spud 11-12-75



18. I hereby certify that the foregoing is true and correct
ORIGINAL SIGNED BY
DAVE M. THOMAS, JR.

SIGNED _____ TITLE Petroleum Geologist DATE 12/2/75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: