

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
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

2. NAME OF OPERATOR
COLEMAN OIL AND GAS, INC. *Coronado Mgmt Corp*

3. ADDRESS OF OPERATOR
P. O. DRAWER 3337 FARMINGTON, N.M. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
2090' FSL & 1960' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether *FARMINGTON RESOURCE AREA*)
6500' K.B.

5. LEASE DESIGNATION AND SERIAL NO.
NOO-C-14-20-5249

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
ALLOTTEE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
BISTI

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
BISTI: LOWER GALLUP

11. SEC., T., R., M., OR BLK. AND SUBDIVISION OR AREA
SEC. 23, T 25N, R 11W
NMPM

12. COUNTY OR PARISH
SAN JUAN

13. STATE
N.M.

10. 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 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(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.)*

ON 3-25-87 THE SUBJECT WELL WAS PLUGGED AS FOLLOWS.
 SET BRIDGE PLUG AT 4902'.
 FILLED HOLE WITH MUD AND SPOTTED A 35 SACK CEMENT PLUG ON TOP OF BRIDGE PLUG.
 SPOTTED 10 SACK CEMENT PLUGS AT 2803', 1750', 1418' AND 1122'.
 PERFORATED 4 HOLES AT 600'. CIRCULATED WITH BRADENHEAD. PUMPED 90 SACKS OF CEMENT. PLUG FROM 270' TO 600' INSIDE AND OUTSIDE 4½" CASING.
 SPOTTED 5 SACKS OF CEMENT FROM 50' TO SURFACE.

ON 3-26-87
 INSTALLED DRY HOLE MARKER.

Approved by _____
 Liability Release _____
 surface restoration _____

RECEIVED
 APR 8 1987
 OIL CON. DIV.
 DIST. 3

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

SIGNED *Stan Ryan* TITLE *President* DATE *4-7-87*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side