5. LEAGE

UNITED STATES

DEPARTMENT OF THE INTERIOR	NOU-C-14-6/-
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Allot. Ko sa & Ken noto
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME N/A
(Do not use this form for proposals to orni or to deepen or plug back to a ornerent reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1 oil gas	Gorando Languaga Bisti
1. oil gas convert well well other	9. WELL NO.
2. NAME OF OPERATOR -	# 1
Coronado Management Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Bisti Lower Gallup
910 Knollton Rd. Timonium, Maryland 21093	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	AREA
below.)	Sec.23, T25%; R11W; NMPM>
AT SURFACE: 2090' FSL : 1960 FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOY IN ENDITATE NATURE OF MOTICE.	
REPORT, OR OTHER DATA	15 ELEVATIONS (SHOW OF, KDB, AND WD)
REQUEST FOR APPROVAL TO. SUBSEQUENT REPORT OF TO	
TEST WATER SHUT-OFF	
FRACTURE TREAT	The state of the s
SHOOT OR ACIDIZE	(NOTENREDORT results of multiple completion or zone
REPAIR WELL PULL OR ALTER CASING	(NOTE Nepart results of multiple completion or zone of the shange on Form 9-330.)
MULTIPLE COMPLETE	06.04
CHANGE ZONES	<i>fig</i>
ABANDON* Spudin and set Surface Casing	:
(other) Spud in and sec surface casing	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dependent and true vertical depths for all markers and zones pertiner. Spudded Well @ 12:15 02/11/83 Set 319' 8 5/8 Surface Casing Pumped 137 Cultivation Cement Start drilling out 21:30 20/1	if the Portland Neat Cement @ 21:00 02/11/83
	•
Tested BOP 2000# / 20 Min. Tested BOP 2000# / 20 Min. after Drilling Be	elow Float Shoe on surface string
·	
Subsurface Safety Valve: Manu and Type	Set @ Ft.
18. I hereby certify that the spreading is true and correct	
SIGNED Divid Notice TITLE Field Supervi	sor_date <u>02/12/83</u>
(This space for Federal or State of	
	DATE
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY	AGGEFIER FOR RECORD

APR 08 1983

*See Instructions on Reverse Side NMOCC

