

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well ☒ gas ☐ well ☐ other

2. NAME OF OPERATOR
Coronado Management Corporation

3. ADDRESS OF OPERATOR
1910 Knollton Rd. Timonium, Maryland 21093

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2090' FSL ; 1960 FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

☐
☐
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☐
☐
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☐
☐
☐

(other) Set Production Casing

5. LEASE

N00-C-14-5249

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Allot. Ko sa & Ken noto

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Coronado Management Bisti

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 23, T25N; R11W; NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. APL NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6500' KB

APR 8 1983
U.S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

Report results of multiple completion or zone change on Form 9-330.)

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.)

TD! 5109 Reached 2/16/83

Ran 5098' 4 1/2" 10.5# Casing

Pumped 970 Cu Ft Cement @ 21:00 02/17/83

WOC 48 Hours

4500' Fill up

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Samuel R. Hester TITLE Field Supervisor DATE 02/18/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

APR 08 1983

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
BY 926