Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

DEFACTMENT OF THE INTERIOR		Expires: March 31, 1993
BUREAU OF LAI	ND MANAGEMENT	5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS		SF 078872 A
Do not use this form for proposals to drill of		6. If Indian, Allottee or Tribe Name
Lie "APPLICATION FOR P	ERMIT—" for such proposals	OLAVAN
- COUNTY OF THE		7. If Unit or CA, Agreement Designation
SUBMIT IN TRIPLICATE		7. If Onit of CA, Agreement Designation
1. Type of Well  Gas  Gas		8. Well Name and No.
Oil Well Well Other	An article	BOLACK J 1
2. Name of Operator	With Comments of	9. API Well No.
PRO MANAGEMENT  3. Address and Telephone No.	1 23/40 9	300 452 303100s1
· · · · · · · · · · · · · · · · · · ·	EADMINGTON NW 07/00	10. Field and Pool, or Exploratory Area
C/O DAVE SIMMONS P.O. BOX 48 FARMINGTON, NM 87499  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		BASIN FRUITLAND COAL
		11. County or Parish, State
1450' FSL & 1450' FEL SEC 28,	T27N D11U	
1450 15E & 1450 FEE SEC 20, 12/N, KIIW		SAN JUAN
OUTOK APPROPRIATE POY(s)	TO INDICATE NATURE OF NOTICE, I	
CHECK APPROPRIATE BOX(S)	TO INDICATE NATURE OF NOTICE, I	mer ont, on other batta
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Charge of Plans
Notice of Intent	X Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
Subsequent Report	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
LOG, SET CAST IRON BRIDGE PLUG WELL HEAD, CASING & CIBP TO (THIS TEMPORARILY ABANDONS PICTUPERFORATED BASIN FRUITLAND COAL RUNS AND KICKED WELL OFF. FLOW 50 MCF. WELL CAPABLE OF PRODUCT	0 400 PSIG FOR 15 MINUTES, HELD TRE CLIFFS FORMATION.) SWABBED 1811-1819 W/ 2JSPF AND 1850-1 TESTED WELL FOR 3 HOURS AT A	, RAN CEMENT BOND LOG. CASING FLUID LEVEL DOWN TO 1000
APPLICATION TO NMOCD FOR APPROV	AL OF UNORTHORDOX LOCATION HAS	BEEN MADE.
NEW ACREAGE DEDICATION PLAT ATT	ACHED. (C102)	0 0 0 4 8
		ECEIVED BLM 27 PHI2:
14. I hereby certify that the foregoing is true and correct	<u> </u>	
Signed R.D. SIMMONS	Title AGENT	Date 1-3-93
(This space for Federal or State office use)		100000000000000000000000000000000000000
Approved by	Title	ACCERTED FOR RECORD
Conditions of approval, if any:		FFB 01 1993
Title 18 U.S.C. Section 1001, makes it a crime for any person known representations as to any matter within its jurisdiction.	vingly and willfully to make to any department or agency of t	the United States and large Tichtique or fraudulent statements

3-40 (5)

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-102 Revised 10-1

All distances must be from the outer boundaries of the Section Operator Lease Well No. PRO MANAGEMENT BOLACK J Unit Letter Section Township Hango County 28 27N 11 W SAN JUAN Actual Footage Location of Well: SOUTH feet from the EAST line and 1 line Ground Level Elev. Producing Formation Dedicated Acreage: 6314 FRUITLAND COAL BASIN FRUITLAND COAL 320 Ac: 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to workis interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consol dated by communitization, unitization, force-pooling. etc? Yes ☐ No If answer is "yes," type of consolidation \_\_\_ If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side a this form if necessary.)\_ No allowable will be assigned to the well until all into solidated (by communitization, unitization forced-pooling, or otherwise) or until a non-str terests, has been approved by the Divisio Diser Cax certify that the information cor toined herein is tive and complete to th best of me knowledge and belief. R.D. SIMMONS Position AGENT Company PRO MANAGEMENT INC Date 1/3/93 I hereby certify that the well location shown on this plat was platted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief. Date Surveyed Registered Professional Engineer and/or Land Surveyor Certificate No.

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