

Artesian Copy

Form 9-331
May 1965

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

PERMIT IN TRIPPLICATE
Submit in triplicate (one for each copy)
(See instructions on reverse side)

Form approved
Bldg. Design No. 42-11423
LEASE PERSONALITY AND SERIAL NO.

NM12141

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(If not in compliance with provisions 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 Coronado Exploration Corp.		8. FARM OR LEASE NAME Martinez Federal	
3. ADDRESS OF OPERATOR 1005 Marquette NW Albuquerque, NM		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 660 FNL & 660 FWL		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO.		11. SEC., T., R., M., OR BLS. AND SURVEY OR AREA 22-6N-17E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5690.73 Gr.		12. COUNTY OR PARISH Guadalupe	13. STATE NM

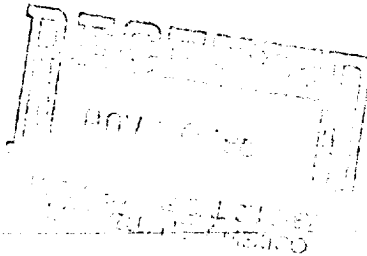
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 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) <u>cementing</u> <input checked="" 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.)

Set 30' of 20", 48# casing with 3 yards of Redi-Mix.



18. I hereby certify that the foregoing is true and correct
SIGNED _____ TITLE Production Secretary DATE November 5, 1980

(This space for Orders or State Records)
APPROVED BY PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:
NOV 10 1980
U.S. GEOLOGICAL SURVEY
DISTRIBUTION

TITLE _____ DATE _____
FEB 27 1981
OIL & GAS DIST. DIVISION
SANTA FE
*See Instructions on Reverse Side