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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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MAY 12 2014

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

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir in a different field or to a different reservoir in the same field.
Use "APPLICATION FOR PERMIT—" for such proposals.

5. Lease Designation and Serial No. NMSF081171K

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. ANN #15

9. API Well No. 30-043-20248

10. Field and Pool, or Exploratory Area SOUTH SAN LUIS

11. County or Parish, State SANDOVA Co. NM

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator COULTHURST MANAGEMENT INV. INC. LLC 510-655-1676

3. Address and Telephone No. ROOM 411, BOX 12

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1029'N, 1016'E, SEC. 33, T18N, R3W

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

THIS WELL WAS PLUGGED YEARS AGO. COULTHURST MANAGEMENT INV. INC. LLC REQUESTS THE ABANDMENT OF THIS WELL.

OIL CONS. DIV DIST. 3

JUN 06 2014

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

Signed John Coulthurst Title PRESIDENT Date 5/5/14

(This space for Federal or State office use)

Approved by Nancy Brown Title DISTRICT MANAGER Date 6-4-14

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side
OPERATOR NMUCD