

RECEIVED
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

MAY 12 2014

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Office
Use "APPLICATION FOR PERMIT—" for such proposals of Land Management.

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NMSF 081171K
2. Name of Operator COULTHURST MANAGEMENT + INV. INC. LLC	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. C/O NEVADA MCLEOD GROUP, 1 EAST LIBERTY ST, RENO, NV 89501	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL 2030' FWL, SECTION 33, T18N, R3W	8. Well Name and No. ANN #19
	9. API Well No. 30-043-20811
	10. Field and Pool, or Exploratory Area South SAN LUIS
	11. County or Parish, State SANDOVAL

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"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<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 HAS BEEN PLUGGED FOR 4 YEARS, COULTHURST MANAGEMENT + INV. INC. LLC REQUESTS THE ABANDONMENT OF THIS WELL

OIL CONS. DIV DIST. 3

JUN 06 2014

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

Signed <u>John Coulthurst</u>	Title <u>PRESIDENT</u>	Date <u>5/5/14</u>
(This space for Federal or State office use)		
Approved by <u>[Signature]</u>	Title <u>DISTRICT MANAGER</u>	Date <u>6-4-14</u>
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

NMOC