| Submit 3 Copies To Appropriate District Office | State of Ivew Mexico | | Form C-103 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <u>District I</u> Energy, Minerals and Natural Resources | | ral Resources | May 27, 2004 WELL API NO. | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | | | 30-045-32552 | |
| 1301 W. Grand Ave., Artesia, NM 88210 | | | 5. Indicate Type of Lease | |
| District III 1220 South St. Francis Dr. | | icis Dr. | STATE FEE | П |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505 | | 7505 | 6. State Oil & Gas Lease No. | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | Federal NM NM 100807 | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name or Unit Agreem | ent Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | Juniper 15 | |
| PROPOSALS.) | | | 0 77 97 1 104 | |
| 1. Type of Well: Oil Well Gas Well Other | | | 8. Well Number #24 | |
| 2. Name of Operator | | | 9. OGRID Number 004838 | |
| Coleman Oil & Gas, Inc. 3. Address of Operator | | | 10. Pool name or Wildcat | |
| P.O. Drawer 3337 | | | Basin Fruitland Coal | |
| 4. Well Location | | | | |
| Unit Letter: N: 660 feet from the South line and 1600 feet from the West line | | | | |
| Section 15 Township 24N Range 10W NMPM County San Juan | | | | |
| | 11. Elevation (Show whether DR, | | | |
| | 6816' GR. | | | |
| Pit or Below-grade Tank Application ⊠ or | | | | |
| Pit type: LINED EARTHEN Depth to G | oundwater: 400 feet. Distance from ne | arest fresh water well 28 | 00 ft. Distance from nearest surface | water 2600 feet. |
| Pit Liner Thickness: 12 mil Below- | Grade Tank: Volume bbls: | Construction Material | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| | | | | |
| NOTICE OF IN | | 1 | EQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | | CASING 🗆 |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILL | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT | JOB | |
| OTHER: Reclaim Reserve Pit | \boxtimes | OTHER: | | |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date | | | | |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion | | | | |
| or recompletion. | | | | |
| | | | | |
| Coleman Oil & Gas, Inc. plans on reclaiming reserve pit as soon as possible. Free liquids will be pulled and disposed of. Liner will be | | | | |
| cut off at mud line. Excess plastic wi | Il be hauled off and disposed of. F | Reserve pit will be bac | ckfilled and reclaimed. | nei will be |
| - ' | • | • | | |
| | | | | |
| | | | CESSION PROPERTY. | |
| | | | | |
| | | | MILL SAGE SALE | |
| | | | S JUN 2000 | |
| | | ; | TO COMPANY STATE OF THE STATE O | |
| | | | E OIL COMS. DIV. 3 | |
| | | | DIST. 3 | |
| 1 | | | 1.3 | |
| | | | \$196 V. | |
| | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan. | | | | |
| | loggic according to two CD guidennes (2 | a, a generai permit ∟i or | an (attached) alternative OCD-appro | oved plan ∐. |
| SIGNATURE ///W/Ay// | TITLE: | Operations Engineer | DATE: May 30, 2 | 2006 |
| | , | ** | | |
| For State Use Only | Michael T. | Hanson cogmhanso | on@sprynet.com (505) 327-03 | 556 |
| 202 State USE OHLY | 11 | | . 22.42.5 | 3006 |
| APPROVED BY: Brand 7 | TITLE S | eputy oal & gas ins | PECTOR, DIST. & DATE JUN | Z 1 ZUUD |
| Conditions of Approval (if any) | | | | |