## UNITED STATES DEPARTMENT OF THE INTERIOR

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

## FORM APPROVED OMB No. 1004-0137 Expires: March 31, 2007 BUREAU OF LAND MANAGEMENT

## 5. Lease Serial No.

NM NM - 101058

If India

an, Anouee or Tribe r	vanne	
(8)	AUG 2008	

abandoned we	ell. Use Form 3160-3 (/	- 2000 AUG	<u>1Ω ΑΠ 11</u>	31	AUG 2000	
SUBMIT IN TR	IPLICATE- Other insti	ructions on revers		7. If Unit or (	CA/Agreement, Name and/or No.	
1. Type of Well Oil Well	Gas Well  Other		ARITHET DE	8. Well Name	N4 5	
2. Name of Operator Coleman Oil	& Gas, Inc.			Juniper 9. API Well	INO.	
3a. Address P.O. Drawer 3337		3b. Phone No. (include area code) 505-327-0356			30-045-32783  10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		SWD; Blanco Mesa Verde				
660' FSL, 2015' FWL N, Sect	tion 17, T24N, R10W Latitu	de 36° 18′ 28″, Longitu	de 107° 55' 13"		r Parish, State n, New Mexico	
12. CHECK A	PPROPRIATE BOX(ES) TO	INDICATE NATUR	E OF NOTICE, R	EPORT, OR	OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent  Subsequent Report  Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans	Deepen Fracture Treat New Construction Plug and Abandon	Production (St Reclamation Recomplete Temporarily A	bandon	Water Shut-Off Well Integrity Other	
If the proposal is to deepen dire		lly, give subsurface location	is and measured and tr	nny proposed wor ue vertical depths	k and approximate duration thereof. s of all pertinent markers and zones,	

COLEMAN OIL & GAS, INC. REQUEST PERMISSION TO RUN A STEP RATE TEST TO DETERMINE THE MAXIMUM ALLOWABLE INJECTION PRESSURE.

following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has

## Notify DED To witness Please Submit Step Rate Plan

determined that the site is ready for final inspection.)

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)				
MICHAEL T. HANSON Tie	le OPERATIONS ENGINEER			
Signature //w// J//www Da	te AUGUST 17,2006			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
Approved by Approved by	_ Title fetr. Eng. Date 8/18/06			
Conditions of approval if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office			
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212 make it a crime for any per-	son 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.

