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(April 2004)	ה. ה

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

l	FORM APPROVED OMB No. 1004-0137 Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

5	Lease Serial No.
	NMNM 104608
6.	If Indian, Allottee or Tribe Name

	is form for proposals tell. Use Form 3160-3 (6. If Indian,	Allottee or Tribe Name
SUBMIT IN TR	IPLICATE- Other inst	ructions on reve	rse side.	7. If Unit or	CA/Agreement, Name and/or No.
1. Type of Well Oil Well	Gas Well Other	RE0 676.511		8. Well Nam	
2. Name of Operator Coleman Oil & Gas, Inc.			Juniper West Com 15 #22 9 API Well No.		
3a. Address 3b. Phone No. (include area code)		30-045-33844			
P.O. Drawer 3337 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		505-327-0356		10. Field and Pool, or Exploratory Area Basin Fruitland Coal	
· · · · · · · ·	ction 15, T24N, R11W Latit	ude 36.315477°. Long	itude 107.993556°	11. County o	r Parish, State
2000 1112, 1000 1112 1, 50	cion 13, 12 m, K11 W Danie	ade boulet,, thoug		San Jua	n, New Mexico
12. CHECK A	PPROPRIATE BOX(ES) TO	INDICATE NATU	RE OF NOTICE, F	EPORT, OR	OTHER DATA
TYPE OF SUBMISSION		TY	TPE OF ACTION		
	Acidize	Deepen	Production (St	art/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete		Other
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily A Water Disposal		
CASING. RAN A TOTA W/3% CALCIUM CHLO NIPPLED UP BOP AND DRILLED 7.7/8" HOLE 15:50#/FT LT&C J-55? I CELLOFAKE AND 2# P SACH PHENOSEAL. @	LANDED CASING @4198.74	AND LANDED @ 13 CCELLOFLAKE. CI TESTED BOP, MANII @ 1208 FT.KB @ 2:4 FT. KB. CEMENTE AILED W/ 85 SACKS OF CEMENT TO SU	2.41-FT. KB. CEME RCULATED 10 BAR FOLD AND CASING 5 PM ON OCTOBEI D W/ 160 SACKS TY TYPE 5 CEMENT V RFACE. PLUG DOV	NTED W/ 115 RELS OF CE TO LOW 250 R 27, 2006. RA YPE 5 CEMEN WITH 1/4# PE WN AT 1:00 A	SACKS TYPE 5 CEMENT MENT TO RESERVE PIT. PSIG AND HIGH 750 PSIG. N A TOTAL OF 29 JTS:5-1/2" IT WITH 2% SM, 1/4# PER R CELLOFAKE AND 2# PER
14. Thereby certify that the for	egoing is true and correct	1			The state of the s
Name (Printed/Typed) MICHAEL T. 1	HANSON /	Title	OPERATIONS ENG	GINEER	
Signature Mul	al Tollansi	Date	Octob	ir 3	1,2006
	THIS SPACE FOR	FEDERAL OR	STATE OFFICI	EUSE	
Approved by	•		Title		Date
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant	al or equitable title to those right to conduct operations thereon.	s in the subject lease	Office		
Title 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraud	ifle 43 U.S.C. Section 1212, make in the statements of representation	t a crime for any person ns as to any matter within	knowingly and willfull its jurisdiction.	y to make to any	y department or agency of the Un

(Instructions on page 2)