

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>WILDCAT</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>NM 11928</u>
2. NAME OF OPERATOR <u>COLEMAN OIL & GAS, INC.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>DRAWER 3337 FARMINGTON, NEW MEXICO 87401</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1570' FSL, 810' FWL</u>	8. FARM OR LEASE NAME <u>BOC</u>
	9. WELL NO. <u>1</u>
	10. FIELD AND POOL, OR WILDCAT <u>WILDCAT</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC 10 T22N R1W</u>
14. PERMIT NO.	12. COUNTY OR PARISH <u>SANDOVAL</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	13. STATE <u>N.M.</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

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

17. 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.)*

PROPOSED TO ABANDON AS FOLLOWS:

1. SET 470 FT PLUG 2% CLASS "B" CEMENT FROM 2350 (PBTD) TO 1880' (50' ABOVE TOP OF OJO ALAMO). 42 CU FT. = 35 SACKS.
2. SET 190 FT PLUG 2% CLASS "B" CEMENT FROM 190' TO SURFACE (BOTTOM SURFACE PIPE @ 137')
3. INSTALL DRY HOLE MARKER
4. CLEAN LOCATION WHEN WEATHER CONDITIONS PERMIT.
5. RESEED IN SPRING.

NOTE: ABOVE PROCEDURE VERBALLY APPROVED BY E. BECHER 1-23-81

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

SIGNED R. D. SIMMONS TITLE AGENT DATE 1-28-81
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE NMOCG DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side