

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

DEC 11 1991

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

5. Lease Designation and Serial No.

NM 67975

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

none

8. Well Name and No.

Coors Federal No. 1

9. API Well No.

10. Field and Pool, or Exploratory Area

Nopal Draw (ABND)

11. County or Parish, State

Eddy County
New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Robinson Resource Development Co., Inc. ✓

3. Address and Telephone No.

P. O. Box 1227, Roswell, New Mexico 88201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

610 FNL and 2230 FWL, Section 8, T-21-S, R-25-E,
N.M.P.M.

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

11/15/1991 Moved in cable tool rig to drill from 2631 to 2700
to evaluate the Bone Spring.

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

Signed [Signature]

Title V- Pres

Date 11/26/91

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: