

clsf

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

RECEIVED
 DEC 11 1991
 O. C. D.
 ARTESIA OFFICE

| | |
|--|--|
| 1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Dry | 5. Lease Designation and Serial No. NM 67975 |
| 2. Name of Operator Robinson Resource Development Co., Inc. ✓ | 6. If Indian, Allottee or Tribe Name NONE |
| 3. Address and Telephone No. Box 1227, Roswell, NM 88201 (505-623-5275) | 7. If Unit or CA, Agreement Designation NONE |
| 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. | 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 |

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

| TYPE OF SUBMISSION | TYPE OF ACTION |
|---|--|
| <input type="checkbox"/> Notice of Intent | <input checked="" type="checkbox"/> Abandonment |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> 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.)*

12/3/1991 Pump 25 sk cement plug with 2% CaCl₂ from TD (2733) to 2442.

12/4/1991 Tagged plug at 2442 (bottom of casing is at 2596). Pumped 15 sk plug from 400 to 250. Pumped 10 sk plug from 60 to surface.

12/5/1991 Rigged cable tool down. Checked surface plug. Fine, welded Dry hole marker to 5 1/2 casing.

Part ID-2
 1-17-92
 P & A

Approved by _____ Title _____ Date _____
 (This space for Federal or State office use)

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

Signed [Signature] Title V-P Date 12/13/91

Approved by _____ Title _____ Date 12/16/91

Conditions of approval, if any: