

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other Instructions on the reverse side

1. Type of Well

☐ Oil Well

☒ Gas Well

☐ Other

2. Name of Operator

Coleman Oil & Gas, Inc.

3a. Address

P.O. Drawer 3337, Farmington, NM 87499

3b. Phone No. (include area code)

505-327-0356

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

1125' FNL and 660' FWL SEC 21, T24N, R10W, NMPM

5. Lease Serial No.

NMNM 101058

6. If Indian, Allottee, or Tribe Name

7. If Unit or CA. Agreement Designation

8. Well Name and No.

Juniper ~~21~~ ^{#11}

9. API Well No.

30-045-31863

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

11. County or Parish, State

San Juan

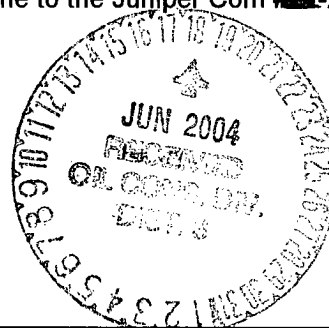
NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/ Resume)	<input type="checkbox"/> Water Shut-off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will be performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

Coleman Oil & Gas, Inc. would like to request a change in the dedicated acreage from a Lay-down (N/2) to a Stand-up (W/2). See attached amended C-102. The Communitization Agreement for this well has been prepared and sent to the BLM in Farmington. Along with the mentioned change we would like to request a name change. The original APD showed the Juniper #11-21. Please change the name to the Juniper Com ~~#11-21~~ ^{#11}, with the #11 being the identifier number followed by the section number.



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

Name (Printed/ Typed)

MICHAEL T. HANSON

Title

ENGINEER

Signature

Michael T. Hanson

Date

June 3, 2004

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Jim Lovato

Title

Post. Eng.

Date

6/14/04

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 person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

MMOCD

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals, & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102
Revised August 15, 2000
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies



AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number		Pool Code	Pool Name
30-045-31863		71629	Basin Fruitland Coal
Property Code	Property Name		Well Number
34103	Juniper Com 21		#11
OGRID No.	Operator Name		Elevation
4838	Coleman Oil & Gas, Inc.		6722'

Surface Location

UL or Lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	North/South line	County
D	21	24N	10W		1125	North	660	West	San Juan

Bottom Hole Location if Different From Surface

UL or Lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	North/South line	County

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320 (W/2)			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTILL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>1125'</p> <p>660'</p> <p>Lease No. NMNM 101058</p> <p>Juniper Com #11-21 API Number 30-045-31863</p> <p>21</p> <p>Lease No. NMNM 104606</p> <p>Juniper Com #14-21 In the Process Of Being Stacked, Footage May Change.</p> <p>1000'</p> <p>1100'</p> <p>5186.28'</p> <p>5227.86'</p>	OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</i> Signature Michael T. Hanson Printed Name Engineer Title June 3, 2004 Date
	SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> Date of Survey Certificate Number