

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-045-33980
5. Indicate Type of Lease State <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. Federal NMNM 104609
7. Lease Name or Unit Agreement Name Juniper West 23
8. Well Number #34
9. OGRID Number 004838
10. Pool name or Wildcat Basin Fruitland Coal

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
Coleman Oil & Gas, Inc.

3. Address of Operator
P.O. Drawer 3337, Farmington NM 87499

4. Well Location Unit Letter O : 700 feet from the South line and 1585 feet from the East line Section 23 24N Township 11W Range NMPM San Juan County	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6402 GR
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: Rig Release & Reclamation ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Rotary Rig released November 21, 2006. Drilling reserve pit back filled and reclaimed on April 27, 2007.

RCVD OCT 2 '08
OIL CONS. DIV.
DIST. 3

Spud Date: November 18, 2006.

Rig Release Date: Rotary Rig Released November 21, 2006.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Michael T. Hanson TITLE: Operations Engineer DATE: October 01, 2008

Type or print name Michael T. Hanson E-mail address: cogmhanson @ sprynet.com PHONE: (505) 327-0356

For State Use Only

APPROVED BY: accepted for record TITLE DATE

Conditions of Approval (if any):