

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved,
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 15646

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

ROBINSON-COLEMAN

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

FRANCISCAN LAKE M.V.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC 13, T20N, R6W

12. COUNTY OR PARISH 13. STATE

MCKINLEY

NM

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 ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR
JOEL B. BURR, JR.

3. ADDRESS OF OPERATOR
SUITE 300, 300 W. ARRINGTON, FARMINGTON, NEW MEXICO 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

330' FNL, 2310' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6758'GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) SURFACE CASING

(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.)*

6-24-78 SPUD 12 $\frac{1}{4}$ " HOLE, DRILL TO 85', SET 85' 8 5/8" 24#/FT CASING & CEMENTED
W/80 SKS CL "B" W/2% CC. CIRCULATED 4 BBL CMT TO SURFACE.

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

SIGNED

TITLE

AGENT

DATE

9/6/78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side