

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Coleman Oil & Gas, Inc.

3. ADDRESS OF OPERATOR  
Drawer 3337 Farmington, N. M. 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
330' FNL, 790' FEL

5. LEASE DESIGNATION AND SERIAL NO.  
NM-25295

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Divide

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 31, T-21-N, R-3-W

12. COUNTY OR PARISH  
Sandoval

13. STATE  
N. M.

14. PERMIT NO.

15. ELEVATIONS (Show whether of FT., GR., etc.)  
7081' GR

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BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

| NOTICE OF INTENTION TO:                      |  | SUBSEQUENT REPORT OF:                          |  |
|--|--|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/>    | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>       | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>                | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input checked="" type="checkbox"/> | (Other) _____                                  |  |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE TEST USED 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.)\*

Propose to run bottom hole pressure survey to determine if there has been any fluid entry into the wellbore.

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OIL CON. DIV.  
DIST. 3

18. I hereby certify that the foregoing is true and correct  
SIGNED \_\_\_\_\_ TITLE President DATE 3-6-86  
(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 20 1986  
CONDITIONS OF APPROVAL, IF ANY:

AS

FARMINGTON RESOURCE AREA  
BY smm

\*See Instructions on Reverse Side  
NMOCC