

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 54366
2. NAME OF OPERATOR Coleman Oil and Gas, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 3337 Farmington, NM 87499-3337		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FWL and 990' FSL		8. FARM OR LEASE NAME Anderson
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6813' GR		10. FIELD AND POOL, OR WILDCAT Lybrook Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec 22. T24N, R8W NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Spud and casing report <input checked="" type="checkbox"/>	

(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.) *

10-19-89 Spudded 12 1/4" hole at 6:30 PM. Drld to 227'.
10-20-89 Ran 5 jts 206.33' of 8-5/8" 24#, J-55 New csg. Cemented at 220' w/155 sks cl B cem w/2% CaCl₂ and 1/4# gel flake/sk. Circ. 12 sks to surface. Plug down 1:45 AM. (183ft)
10-27-89 Drilled to a total depth of 5600'. 7-7/8" hole.
10-28-89 Logged well. Ran GR-Density and Induction Electric log. Ran 132 joints, 5585.54', of 4 1/2", 10.5#, J-55, new casing. Cemented at 5599.54', in 2 stages: 1st stage 296 sks (504ft)³ of 65:35 Poz cement w/6% gel and 1/4# gel flake/sk followed by 100 sks (118ft)³ Cl B cem w/1/4# gel flake/sk. 2nd stage 613 sks (1042ft)³ of 65:35 Poz cement w/6% gel. PD 10:30 PM. Circ 2 bbls cem from stage #1 and 5 bbls cem on 2nd stage. Stage tool at 3264'. Float collar at 5556'.

RECEIVED

NOV 08 1989

OIL CON. DIV

DIST. 3

DATE 10/31/89

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

SIGNED

TITLE Agent

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side