UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| | 5. | Lease Number SF-081155 |
|---|--|--|
| 1. Type of Well GAS | 6. | If Indian, All. or Tribe Name |
| | 7. | Unit Agreement Name |
| . Name of Operator | | |
| | 8. | Allison Unit Well Name & Number |
| . Address & Phone No. of Operator | | Allison Unit Inj #142 |
| PO Box 4289, Farmington, NM 87499 (505) 326-9700 | 9. | API Well No. 30-045-29195 |
| 4. Location of Well, Footage, Sec., T, R, M 1920'FNL, 850'FWL, Sec.19, T-32-N, R-6-W, NMPM | 10. | Field and Pool |
| | 11. | Basin Fruitland Coal County and State San Juan Co, NM |
| Type of Submission Notice of Intent X Subsequent Report Final Abandonment Final Abandonment X Other - Spud NATURE OF NOTICE, REPORT Abandonment Characters Recompletion New Casing Repair Altering Casing Con X Other - Spud | ange of Pla W Constructine : n-Routine : ter Shut o | ans tion Fracturing ff |
| 3. Describe Proposed or Completed Operations | | |
| 10-31-94 MIRU. Spud well 9:15 p.m. 10-30-94. Drill to STC csg, set @ 384'. 11-1-94 Cmtd w/336 sx Class "G" neat cmt w/3% calcid cu.ft.). Circ 20 bbl cmt to surface. WOC. I Drilling ahead. | um chlorid | e, 0.25 pps Flocele (3 |
| DECE! | IVED) 0 1984 | |
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| O[L GO] D[S] 14. I hereby certify that the foregoing is true and corresioned with the foregoing is true and correspond to the segulatory Affairs | ct. Date 1 Date _ | <u> </u> |
| OIL GOID 14. I hereby certify that the foregoing is true and corresioned Signed Title Regulatory Affairs (This space for Federal or State Office use) APPROVED BY | ct. Date 1 Date _ | 1/1/94 |