

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0-1
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 ☒ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR Coat
Euratex Operating Company

3. ADDRESS OF OPERATOR
410 17th Street, Suite 2100, Denver, Co. 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1880' FNL & 1980" FEL, Sec 19-T22S-R36E

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DE, RT, GR, etc.) _____

5. LEASE DESIGNATION AND SERIAL NO.
LC030132 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Closson "B"

9. WELL NO.
34

10. FIELD AND POOL, OR WILDCAT
Jalmat Yates

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Sec 19-T22S-R36E

12. COUNTY OR PARISH Lea 13. STATE NM

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

16. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETION	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) <u>Test Casing & TA</u>	☒		☒
(Other)	☐			(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.) *

- 8-14-90 - 1. Installed BOP. Pulled tubing
- 8-15-90 - 2. WIH w/ Baker N-1 CIBP. Set CIBP @ 3372'
3. Ru & CIR casing w/ packer fluid. Test csg to 520 psi for 15 min. OK
4. Pulled tubing
5. Ran 4 jts tubing & flanged up well head
6. Test witnessed by Jack Johnson, Hobbs BLM

RECEIVED
SEP 5 10 05 AM '90
CIT
AD

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

SIGNED FAW

TITLE Engineer

DATE 8/28/90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE 9/5/90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side