

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. Contract 396 |
| 2. NAME OF OPERATOR Jack A. Cole | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache |
| 3. ADDRESS OF OPERATOR P. O. Box 191, Farmington, New Mexico 87401 | | 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 990/N and 1850/W Sec. 17-T23N-R3W | | 8. FARM OR LEASE NAME Apache Hills |
| 14. PERMIT NO. | | 9. WELL NO. 6 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7353 Gr. | | 10. FIELD AND POOL, OR WILDCAT Ballard PC |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T23N-R3W |
| | | 12. COUNTY OR PARISH Rio Arriba |
| | | 13. STATE N.M. |

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 type="checkbox"/> | (Other) Running casing. | |
| (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.)*

2-21-79 Spudded well. Cemented 120' 8 5/8 surface casing at 129' KB with 110 sacks. WOC 12 hours.

2-23-79 Reached TD 3227'. Ran Schlumberger ES-Ind and GR-Density logs. Ran 80 joints 4 1/2", 9.5 lb. casing. Cemented 3221' at 3232 KB with 200 sacks 50-50 pozmix, 2% CaCl2, 6% salt. PD 7:30 a.m. 2-24-79. FC at 3192. Pressure tested 2000 psi. Okay. WOC. Released rig. Will complete when weather and roads permit.

2-25-79 Cleaned up location and filled in pits.



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

| | | |
|--|-----------------------|-------------------------------|
| SIGNED <u>Jack A. Cole</u> | TITLE <u>Operator</u> | DATE <u>February 26, 1979</u> |
| (This space for Federal or State office use) | | <u>FEB 27 1979</u> |
| APPROVED BY _____ | TITLE _____ | U. S. (DATE) _____ |
| CONDITIONS OF APPROVAL, IF ANY: | | |