Form 9-331 (May 1963)

FRACTURE TREAT

SHOOT OR ACIDIZE

UNITED STATES SUBMIT IN TRIPLICATE® (Other instructions on reverse side)

MULTIPLE COMPLETE

ABANDON*

SHOOTING OR ACIDIZING

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

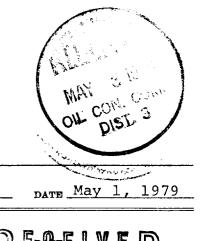
ALTERING CASING

ABANDONMENT*

GEOLOGICAL SURVEY			Contract 396
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.)		6. IF INDIAN, ALLOTTEE OR TEIBE NAME Jicarilla Apache 7. Unit AGREEMENT NAME	
I. OIL GAS X OTHER			
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
Jack A. Cole			Apache Hills
3. ADDRESS OF OPERATOR			9. WELL NO.
P. O. Box 191, Farmington, New Mexico 87401			4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850/S and 990/E Sec. 17-T23N-R3W			Ballard PC 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA
			Sec. 17-T23N-R3W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	7361 Gr.		Rio Arriba N.M.
16. Check App	propriate Box To Indicate N	ature of Notice, Report,	, or Other Data
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	ULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL

(Other) REPAIR WELL CHANGE PLANS (Norz: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) *

4 - 27 - 79Perforated casing 3126-3140. Sand water frac treated down casing with 40,000 lbs. 10-20 sand and 40,000 gallons H_20 and 463 MCF CO₂. Ran 1½ tubing to 3130. Flowed well through tubing. Shut in to await pipeline connection.



		and the second second
18. I hereby certify that the foregoing is true and correct		Minnistration of the second
SIGNED MILLISOR	TITLE Operator	DATE May 1, 1979
STORES TO THE STORE STOR		

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

MAY 2 1979