

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 Form 9-331-C for such purposes.)

1. oil ☒ well ☒ gas well ☐ other

2. NAME OF OPERATOR  
**JACK A. COLE**

3. ADDRESS OF OPERATOR 87499  
**P. O. BOX 191, FARMINGTON, NEW MEXICO**

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: **800' FNL, 960' FEL**  
AT TOP PROD. INTERVAL: **Same**  
AT TOTAL DEPTH: **Same**

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☒  
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☐  
☐

5. LEASE

**SF- 078362**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**MARCUS**

9. WELL NO.  
**#1**

10. FIELD OR WILDCAT NAME

**Counselor Gallup Lak**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

**Sec. 7-T23N-R6W**

12. COUNTY OR PARISH

**Rio Arriba**

13. STATE

**New Mexico**

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
**6857' GR 6871' KB**

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

10-20-84 Spud 6:00 a.m.. T.D. at 235'.  
Ran 7 jts. 9-5/8" 36.0 lb. ERW casing, measured 207.0', set at 221'. Cemented with 175 sacks (206 cu. ft.) Class "B", 3% CaCl and 1/4 lb. Flocele per sack.  
Plug down 11:30 a.m. 10-20-84.  
Cement circulated to surface.  
Test casing with 500 psia.

**RECORDED**

**NOV 26 1984**

**OIL CON. DIV.  
DIST. 3**

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Deanne Blawitt* TITLE Prod. Supt. DATE October 22, 1984

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD**

**NOV 13 1984**

\*See Instructions on Reverse Side

**NMOCG**

**FARMINGTON RESOURCE AREA**

BY *Sm*