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 proposals.)

1. oil well XX gas well ☐ other

2. NAME OF OPERATOR
JACK A. COLE

3. ADDRESS OF OPERATOR
P. O. BOX 191, FARMINGTON, N.M. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1730' FSL 1700' FEL'
AT TOP PROD. INTERVAL: SAME
AT TOTAL DEPTH: SAME

SF-078362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
MARCUS

9. WELL NO
NO. 2

10. FIELD OR WILDCAT NAME
COUNSELERS GALLUP-DAKOTA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 6-T23N-R6W

12. COUNTY OR PARISH 13. STATE
RIO ARRIBA N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6862' GR 6874' KB

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) SEE BELOW		

RECEIVED
MAY 17 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(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.)*

SEE ATTACHED FOR FRACTURE TREATMENT REPORT.

RECEIVED
MAY 24 1985
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 Dewayne Blewett TITLE PROD. SUPT. DATE MAY 16, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

Formation GALLUP Stage No. 1 Date 5-11-85

Operator JACK A. COLE Lease and Well MARCUS NO. 2

Correlation Log Type TDT-CCL From 5635' To 5000'

Temporary Bridge Plug Type _____ Set At _____

Perforations 5512'-5520' 5550'-5552' 5562'-5564'
5530'-5533' 5556'-5558' 5573'-5586'
1 Per foot type 3-1/8" HYPER JET II

Pad- GELLED OIL 12,000 gallons. Additives MY-T-OIL

~~Water~~ GELLED OIL 40,000 gallons. Additives MY-T-OIL

Sand 105,000 lbs. Size 20-40

Flush - LEASE CRUDE 4,000 gallons. Additives NONE

Breakdown 2000 psig

Ave. Treating Pressure 1750 psig

Max. Treating Pressure 2000 psig

Ave. Injecton Rate 20 BPM

Hydraulic Horsepower 858 HHP

Instantaneous SIP 1400 psig

5 Minute SIP 1380 psig

10 Minute SIP 1340 psig

15 Minute SIP 1330 psig

#1½ - 4,000 GALLONS
#2½ - 18,000 GALLONS
#3 - 18,000 GALLONS
#1½ - 4,000 GALLONS
#4 - 4,000 GALLONS

Ball Drops: 10 Balls at 32,000 gallons 100 psig incre

_____ Balls at _____ gallons _____ psig incre

_____ Balls at _____ gallons _____ psig incre

Remarks: PARTIAL BALL OFF AT 2780' PSI. PUMP RATE 11 BBLS. P.M. AT 1380' PSI.