Form 3160-3
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: SF-078362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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.)

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FARMINGTON RESOURCE AREA

7. UNIT AGREEMENT NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: Jack A. Cole

8. FARM OR LEASE NAME: Marcus "A"

3. ADDRESS OF OPERATOR: P.O. Box 191, Farmington, New Mexico 87499

9. WELL NO.: 2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FNL, 1980' FEL

10. FIELD AND POOL, OR WILDCAT: Counselors Gallup-Dakota

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

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6983 GR 6995 KB

12. COUNTY OR PARISH: Rio Arriba | 13. STATE: New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[X]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(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.)*

January 8, 1987 - See Attached for Fracture Treatment Report

January 11, 1987- Flowing to recover frac oil. Gas is being sold.

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OIL CON. DIV.
Dist. 3

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

SIGNED Dwayne Blenett TITLE Production Superintendent DATE January 12, 1987

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

FRACTURE TREATMENT

Formation *Gallup* Stage No. *2* Date *January 8, 1987*

Operator *Jack A. Cole* Lease and Well *Marcus A #2*

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type *Retrievable* Set At *5508*

Perforations *5444-5455 5463-5468*
2 Per foot type *3 1/2" Bull Jet*

Pad - *Gelled Oil* *9,000* gallons. Additives _____

~~xxxxxx~~ *Gelled Oil* *22,200* gallons. Additives _____

Sand *50,000* lbs. Size *20-40*

Flush - *Lease Crude* *3612* gallons. Additives _____

Breakdown *2950* psig *thru PPI*

Ave. Treating Pressure *1900* psig

Max. Treating Pressure *3800* psig

Ave. Injecton Rate *22* BPM

Hydraulic Horsepower *1024* HHP

Instantaneous SIP *1380* psig

5 Minute SIP *1350* psig

10 Minute SIP *1310* psig

15 Minute SIP *1290* psig

Ball Drops: *20* Balls at *14,000* gallons *1950* psig incre
_____ Balls at _____ gallons _____ psig incre
_____ Balls at _____ gallons _____ psig incre

Remarks: _____