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Form 9-331 BUREAU OF LAND MANAGEMENT Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 FARMINGTON RESOURCE AREA UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR SR-078359 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT 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 Form 9-331-C for such proposals.) 8. FARM OR LEASE NAME MARCUS "A" gas weil 💹 weil other 9. WELL NO. 2. NAME OF OPERATOR NO. 1 JACK A. COLE 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR COUNSELORS GALLUP-DAKOTA P. O. BOX 191, FARMINGTON, N.M. 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 **AREA** SECTION 8-T23N-R6W AT SURFACE: 1650' FSL. 660' FWL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: SAME RIU ARRIBA NEW MEXICO AT TOTAL DEPTH: SAME 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6824' GR. 6836' KB REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (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.)* SEE ATTACHED FOR FRACTURE TREATMENT REPORT. Subsurface Safety Valve: Manu. and Type ___ Set @ _ _ Ft. 18. I hereby certify that the foregoing is true and correct TITLE PROD. SUPT. OCTOBER 7 1985 DATE (This space for Federal or State office use) APPROVED BY TITLE DATE CONDITIONS OF APPROVAL IF ANY: FAD UE AREA ΩY

Formation GALLUP Stage	No1 DateOCT. 4, 1985
Operator JACK A. COLE	Lease and Well MARCUS "A" NO. 1
Correlation Log	Type <u>GR-CCL</u> From <u>5530'</u> To <u>5200'</u>
Temporary Bridge Plug	Type NONE Set At
Perforations	5404'-5414' 5451'-5456' 5442'-5448' 5467'-5473' 5477'-5480'
Pad - GELLED OIL	
XXXXXXXXX GELLED OIL	39,000 gallons. Additives MY-T-01L
Sand	
Flush - LEASE OIL	
Breakdown AVERAGE	
Ave. Treating Pressure	
Max. Treating Pressure	
Ave. Injecton Rate	BPM
Hydraulic Horsepower	926 HHP
Instantaneous SIP	
5 Minute SIP	
10 Minute SIP	
15 Minute SIP	
Eall Drops:	
	Balls atgallonspsig
	Balls at gallons psig incre
Remarks: PERFORATIONS BROKEN D 15% HCL.	OWN INDIVIDUALLY THROUGH "PPI" PACKER WITH 1000 GALLONS