

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ gas ☐ other ☐
well well well

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: 2090' FSL, 360' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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

5. LEASE Federal
SF-078362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
MARCUS "A"

9. WELL NO.
10

10. FIELD OR WILDCAT NAME
Lybrook Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE 1/4 SE 1/4
Sec. 1-T23N-R7W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6982' GR 6994' KB

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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RECEIVED

JUN 27 1986

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.

RECEIVED
JUL 21 1986
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 Dwayne Blumett TITLE Production Superintendent DATE ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JUL 17 1986

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY [Signature]

NMOCC

Fracture Treatment
Formation Gallup Stage No. 1 Date 6-18-86

Remarks:

FRACTURE TREATMENT

Formation Gallup Stage No. 2 Date 6-19-86

Operator _____ Lease and Well Marcus "A" #10

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type Wireline Set - Retrievable Set At 5490'

Perforations 5450-5470'
1 Per foot type 3 1/8" Bull Jet

Pad - gelled oil 10,000 gallons. Additives My-T-Oil

Gelled oil 21,500 gallons. Additives My-T-Oil

Sand 50,000 lbs. Size 20-40

Flush - Lease crude 3640 gallons. Additives _____

Breakdown 2800 psig

Ave. Treating Pressure 2100 psig

Max. Treating Pressure 2650 psig

Ave. Injection Rate 21 BPM

Hydraulic Horsepower 1081 HHP

Instantaneous SIP 1360 psig

5 Minute SIP 1310 psig

10 Minute SIP 1290 psig

15 Minute SIP 1270 psig

Ball Drops: 10 Balls at 13,000 gallons 875 psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig

Remarks: Perforations broke down individually through packer with 750 gals.
15% HCL.