Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 proposals.)

1. oil well [X] 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: *410'FNL, 2150'FEL*
AT TOP PROD. INTERVAL: *Same*
AT TOTAL DEPTH: *Same*

5. LEASE
SF-078362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Marcus

9. WELL NO.
8

10. FIELD OR WILDCAT NAME
Lybrook Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA *NWNE*
Sec. 12-T23N-R7W

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6998' GL *7010' 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	[ ]		[X]
SHOOT OR ACIDIZE	[ ]		[ ]
REPAIR WELL	[ ]		[ ]
PULL OR ALTER CASING	[ ]		[ ]
MULTIPLE COMPLETE	[ ]		[ ]
CHANGE ZONES	[ ]		[ ]
ABANDON*	[ ]		[ ]
(other)			

RECEIVED
NOV 04 1986
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
NOV 06 1986
OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD
NOV 04 1986
FARMINGTON RESOURCE AREA
BY *ESS*

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *Dwayne Blanchard* TITLE *Production Superintendent* DATE *November 3, 1986*

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

FRACTURE TREATMENT

Formation *Gallup* Stage No. *1* Date *October 30, 1986*

Operator _____ Lease and Well *Marcus No. 8*

Correlation Log Type *GR-CCL* From *5700* To *5100*

Temporary Bridge Plug Type *None* Set At _____

Perforations *5428-5440 5554-5558 5602-5605 5630-5636*
5450-5452 5562-5569 5620-5623 5596-5600 5626-5628
_____ Per foot type *3 1/8 Bull Jet*

Pad *Gelled Oil* *12,000* gallons. Additives _____

~~Water~~ *Gelled Oil* *42,489* gallons. Additives _____

Sand *100,000* lbs. Size *20-40*

Flush *Lease Oil* *3,630* gallons. Additives _____

Breakdown *1,390* *Skelly*
1,880 psig *Mary*

Ave. Treating Pressure *1,700* psig

Max. Treating Pressure *1,910* psig

Ave. Injecton Rate *21.3* BPM

Hydraulic Horsepower *887* HHP

Instantaneous SIP *1,400* psig

5 Minute SIP *1,180* psig

10 Minute SIP *1,140* psig

15 Minute SIP *1,120* psig

Ball Drops:
25 Balls at *50,430 lbs.* *20,060* gallons *260* psig incre
10 Balls at *60,430 lbs.* *25,060* gallons *290* psig incre
6 Balls at *78,930 lbs.* *34,060* gallons *70* psig incre

Remarks: *See Attached for Treatment Program*