

In the future wire line log verification will be required to verify the top of cement for any and all cement stages which are not circulated past the bottom of the next stage or to surface.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-21424

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 ☐  
well 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*

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

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  
*Sec. 12-T23N-R7W*

12. COUNTY OR PARISH  
*Rio Arriba*

13. STATE  
*New Mexico*

14. API NO.

15. ELEVATIONS (SHOW OF, KDS, AND WD)  
*6998' GL 7010' KB*

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

|                      |                          |                          |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> | <input type="checkbox"/> |

(other) *Amended Cement Summary*

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NOV 14 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.)

*Recalculated top of 1st. stage cement-3483'.  
Top of mesa Verde-3614'.*

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NOV 19 1986

OIL CON. DIV.]  
DIST. 3

ACCEPTED FOR RECORD

NOV 18 1986

FARMINGTON RESOURCE AREA

BY *E. G. K.*

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Douglas B. Blum* TITLE *Production Superintendent* DATE *November 13, 1986*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_

NMOCC