Form 3160-5 (November 1983) (Formerly 9-331) DEP	UNITED STA		SUBMIT IN TRIPLICATE* (Other instructions on re-	Expires August 31, 1985
	SUREAU OF LAND MAN		verse aue,	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.)				
(Do not use this form for Use "A	PPLICATION FOR PERMIT	—" for such proposa	is.)	
1.				7. UNIT AGREEMENT NAME
	THER .			
2. NAME OF OPERATOR				8. FARM OR LEASE NAME
Jack A. Cole 3. ADDRESS OF OPERATOR				Marcus 9. WELL NO.
•• •• •• •• ••	mington Novy Moss:	iaa 87/00		
P.O. Box 191, Farmington, New Mexico 87499 Location of Well (Report location clearly and in accordance with any State requirements.*				10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface 410' FNL, 2150' FEL				Lybrook Gallup
				11. SEC., T., E., M., OE BLK. AND SURVEY OR AREA
	•			NW NE
				Sec. 12-T23N-R7W
14. PERMIT NO.		now whether DF. RT. G		12. COUNTY OR PARISH 13. STATE
	6998 GL	···-	7010 KB	Rio Arriba New Mexico
16. Che	eck Appropriate Box To	Indicate Natur	e of Notice, Report, o	or Other Data
	F INTENTION TO:	*	,	SEQUENT REPORT OF:
<u> </u>	7			
TEST WATER SHUT-OFF	PULL OR ALTER CASIN	c	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON®		FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT
REPAIR WELL	CHANGE PLANS		(Other) New Oil P	
(Other)	,			suits of multiple completion on Well outpletion Report and Log form.)
17% DESCRIBE PROPOSED OR COMPLE	TED OPERATIONS (Clearly stat	te all pertinent deta	ils, and give pertinent da	ates, including estimated date of starting any ertical depths for all markers and zones perti-
	rac oil recovered 4 hour test - oil gas		oer day	
BB JEH - B PHIZ: 57 FARMING ON JEW HEXIDS				OIL CON 6 1988 OIST. 3 ON.
18. I hereby certify that the fore SIGNED MINISTER (This space for Federal or St		TITLE Product	cion Superintend	dent DATE June 7, 1988
APPROVED BY		TITLE		DATE
CONDITIONS OF APPROVAL	L IF ANI:			
	*See	Instructions on i	Reverse Side	