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 ☒ 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: 800' FNL, 880' FWL
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 A

9. WELL NO.
15

10. FIELD OR WILDCAT NAME
Lybrook Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NWNW
Sec. 1-T23N-R7W

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6786' GR 6798' 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	☐		☒
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other)			

RECEIVED
NOV 14 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

NOV 19 1986
OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD
NOV 18 1986
FARMINGTON RESOURCE AREA
BY 693

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

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

SIGNED Dennyse Blewett 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

*See Instructions on Reverse Side

FRACTURE TREATMENT

Formation *Gallup* Stage No. *1* Date *November 11, 1986*

Operator *Jack A. Cole* Lease and Well *Marcus A No. 15*

Correlation Log Type *GR-CCL* From *5514* To *5050*

Temporary Bridge Plug Type *None* Set At

Perforations *5248-5258-1/ft.* *5384-5387-2/ft.* *5416-5420-2/ft.*
5375-5380-1/ft. *5390-5393-2/ft.* *5440-5446-1/ft.*
Per foot type *3 1/8" Bull Jet*

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

~~Water~~ *Gelled Oil* *46,000* gallons. Additives

Sand *115,000* lbs. Size *20-40*

Flush - *Lease Oil* *3,600* gallons. Additives

Breakdown *1400* psig

Ave. Treating Pressure *2150* psig

Max. Treating Pressure *2450* psig

Ave. Injecton Rate *24* BPM

Hydraulic Horsepower *1264* HHP

Instantaneous SIP *1460* psig

5 Minute SIP *1420* psig

10 Minute SIP *1390* psig

15 Minute SIP *1380* psig

Ball Drops:
18 Balls at *71,000 lbs.* *31,000* gallons *280* psig incre
10 Balls at *99,000 lbs.* *40,000* gallons *250* psig incre
____ Balls at ____ gallons ____ psig incre

Remarks: *Perforated through 250 gallons 7½% HCL. Balled off with 1200 gallons 15% HCL interspersed with 102-7/8" balls.*