

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 3-331-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: *870' FNL, 1740' FWL*
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 A	
9. WELL NO. 16	
10. FIELD OR WILLOCAT NAME Lybrook Gallup	
11. SEC.. T.. R.. M.. OR BLK. AND SURVEY OR AREA NENW Sec. 12-T23N-R7W	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW OF, KDS. AND WO) 7020 GR	7032 KB

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). Amended Cement Summary

RECEIVED

NOV 14 1986

(NOTE: Report results of multiple comparison or zone change on Form 2-130.1)

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-3205'.
Top of Mesa Verde-3590'.

ACCEPTED FOR RECORD

NOV 18 1986

FARMINGTON RESOURCE AREA

BY E. G. R.

Subsurface Safety Valves: Manu. and Type

Set @

R.

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

SIGNED Dennis J. 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

*See Instructions on Reverse Side