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: *870' FNL, 1740' FWL*
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 WILDCAT NAME
Lybrook Gallup

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

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7020 GR *7032 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) *See Below*			

RECEIVED
MAR 03 1987
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.)*

February 25, 1987 - Frac oil has been recovered. New oil produced. Gas sold to Gas Company of New Mexico.

RECEIVED
MAR 04 1987
OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD
MAR 03 1987
FARMINGTON RESOURCE AREA
BY

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

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

SIGNED *Dewayne Blansett* TITLE *Production Superintendent* DATE *March 2, 1987*

(This space for Federal or State office use)

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

NMOCC

See Instructions on Reverse Side