

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marcus A

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Counselors Gallup-Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

NWNE

Sec. 5-T23N-R6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Jack A. Cole

3. ADDRESS OF OPERATOR

P.O. Box 191, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

860' FNL, 2270' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

6847 GL

6861 KB

18.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANE ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

11-23-87 Spud 12:15 p.m. TD 238'. Ran 5 joints 8 5/8", 24.0 lb., J-55 casing. Measured 218.65', set at 233.65'. Cemented with 190 sacks (224 cu. ft.) Class B, 3% CACL and 1/4 lb. Flocele per sack. Plug down 10:45 P.M. 11-23-87. Circulated 10 bbls. cement.

11-24-87 Test BOP with 500 psi for 15 minutes. Test okay.

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

SIGNED

Dwaine Blawie

TITLE Production Superintendent

DATE December 16, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side