

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-078362
2. NAME OF OPERATOR Jack A. Cole	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 191, Farmington, New Mexico 87499	7. UNIT AGREEMENT NAME
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	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
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6847 GR 6861 KB	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☒
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

See attached for fracture treatment report

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

SIGNED Dwayne Blanchett

TITLE Production Superintendent

DATE December 17, 1987

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
DATE DEC 21 1987
FARMINGTON RESOURCE AREA
BY KH

FRACUTRE TREATMENT

Formation Gallup Stage No. 1 (Marye) Date December 10, 1987

Operator Jack A. Cole Lease and Well Marcus A#12

Correlation Log Type CCL-GR From 5718 To 5350

Temporary Bridge Plug Type _____ Set At _____

Perforations 5559-5565 5630-5640
5568-5580 5685-5698
2 Per foot type 3 1/8" Bull Jet

Pad 10,000 gallons. Additives gelled oil

~~Water~~ Gelled Oil 29,500 gallons. Additives _____

Sand 75,000 lbs. Size 20-40

Flush 3,712 gallons. Additives lease crude

Breakdown _____ psig ----->5559-5565 = 2250 psi
5568-5580 = 2090 psi
Ave. Treating Pressure 1650 psig 5630-5640 = 2250 psi
5685-5698 = 2950 psi

Max. Treating Pressure 2000 psig

Ave. Injecton Rate 25 BPM

Hydraulic Horsepower 1011 HHP

Instantaneous SIP 1300 psig

5 Minute SIP 1100 psig

10 Minute SIP 1100 psig

15 Minute SIP 1100 psig

Ball Drops: 20 Balls at 15500 gallons 150 psig
increa
40 Balls at 23500 gallons 100 psig
increa
_____ Balls at _____ gallons _____ psig
increa

Remarks: Broke down perforated intervals individually with RTTS and bridge plug with 250 gallons 15% HCL per interval.

FRACUTRE TREATMENT

Formation Gallup

Stage No. 2 (Skelly)

Date December 11, 1987

Operator Jack A. Cole

Lease and Well Marcus A #12

Correlation Log

Type _____

From _____

To _____

Temporary Bridge Plug

Type drillable

Set At 5488

Perforations

5426-5438

4 Per foot type 3 1/8" Bull Jet

Pad

10,000

gallons.

Additives

gelled oil

~~Water~~ Gelled Oil

26,500

gallons.

Additives _____

Sand

75,000

lbs.

Size

20-40

Flush

3,640

gallons.

Additives

lease crude

Breakdown

2350

psig

Ave. Treating Pressure

2800

psig

Max. Treating Pressure

2950

psig

Ave. Injecton Rate

34

BPM

Hydraulic Horsepower

2333

HHP

Instantaneous SIP

1200

psig

5 Minute SIP

1100

psig

10 Minute SIP

1100

psig

15 Minute SIP

1100

psig

Ball Drops:

None

Balls at _____

gallons _____

psig _____

increa _____

Balls at _____

gallons _____

psig _____

increa _____

Balls at _____

gallons _____

psig _____

increa _____

Remarks: _____