

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-078359	
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 1650' FNL, 1650' FNL		8. FARM OR LEASE NAME RINCON	
		9. WELL NO. 10	
		10. FIELD AND POOL, OR WILDCAT LYBROOK GALLUP	
		11. SEC. T. R. M. OR BLM. ANT SURVEY OR AREA SW 1/4 NE 1/4 SEC. 13-T23N-R7W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7003 GR	12. COUNTY OR PARISH RIO ARRIBA	13. STATE NEW MEXICO

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 FRAC TREATMENT REPORT

RECEIVED
AUG 16 1989
OIL COAL
DIST. 2

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

SIGNED <u>Dewayne Blacett</u>	TITLE <u>PRODUCTION SUPERINTENDENT</u>	DATE <u>AUG 16 1989</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		
NMOCB		
BY <u>SMW</u>		

*See Instructions on Reverse Side

Formation _____ Stage No. _____ Date AUGUST 3, 1989

• Operator JACK A. COLE Lease and Well RINCON NO. 10

Correlation Log Type BDL & CCL From 5641 To 5200
4150 3900

Temporary Bridge Plug Type NONE Set At _____

Perforations 5520-34 5540-58
4 Per foot type 3 1/8" BULL JET

Pad 44,000 gallons. Additives _____
70% QUALITY FOAM

FOAM
~~Water~~ 122,600 gallons. Additives _____
70% QUALITY FOAM

Sand 326,991 lbs. Size 20-40

Flush 3400 gallons. Additives _____

Breakdown 2600
1200 psig

Ave. Treating Pressure 3400 psig

Max. Treating Pressure 4000 psig

Ave. Injection Rate 30 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 4000 psig

5 Minute SIP 3950 psig

10 Minute SIP 3900 psig

15 Minute SIP 3900 psig

Ball Drops: NONE Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
_____ incre
_____ incre

Remarks: _____