

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 930' FNL, 2160' FWL | | 8. FARM OR LEASE NAME RINCON | |
| 14. PERMIT NO. | | 9. WELL NO. 8 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6947 GR | | 10. FIELD AND POOL, OR WILDCAT LYBROOK GALLUP | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE 1/4 NW 1/4 SEC. 6-T23N-R6W | |
| | | 12. COUNTY OR PARISH RIO ARRIBA | |
| | | 13. STATE NEW MEXICO | |

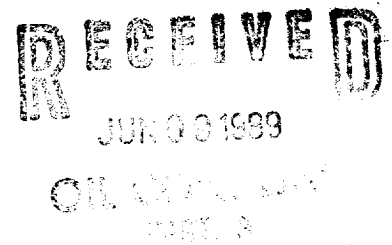
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL 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 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"/> | SPUD WELL <input checked="" 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).*

5-31-89 SPUD 12:40 P.M. TD-270'. RAN 6 JOINTS 8 5/8', 24.0 LB., J-55 CASING. MEASURED 249.68', SET AT 263.68'. CEMENTED WITH 250 SACKS (259 FT.) CLASS "B", 3% CACL AND 1/4 LB. FLOCELE PER SACK. PLUG DOWN 11:00 P.M. 5-31-89. CIRCULATED 15 BBLs CEMENT TO SURFACE.

6-1-89 PRESSURE TEST CASING TO 600 PSI FOR 15 MINUTES. TEST OKAY.



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

SIGNED Dwayne Blansett TITLE PRODUCTION SUPERINTENDENT DATE JUNE 5, 1989

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

JUN 07 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side