

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR JACK A. COLE	8. FARM OR LEASE NAME RINCON
3. ADDRESS OF OPERATOR P. O. BOX 191, FARMINGTON, NEW MEXICO 87499	9. WELL NO. 8
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	10. FIELD AND POOL, OR WILDCAT LYBROOK GALLUP
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE 1/4 NE 1/4 SEC. 6-T23N-R6W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6947 GR 6959 KB	12. COUNTY OR PARISH 13. STATE RIO ARRIBA NEW MEXICO

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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 FRACTURE TREATMENT REPORT.

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

SIGNED Dwayne Blance TITLE PRODUCTION SUPERINTENDENT DATE JUNE 26, 1989

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

JUN 28 1989

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

Formation GALLUP Stage No. 1 Date JUNE 21, 1989  
(MAYE)

Remarks: \_\_\_\_\_

# FRACURE TREATMENT

Formation GALLUP Stage No. 2 Date JUNE 23, 1989  
 (SKELLY)

Operator JACK A. COLE Lease and Well RINCON NO. 8

Correlation Log Type \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Temporary Bridge Plug Type \_\_\_\_\_ Set At \_\_\_\_\_

Perforations 5460-73  
4 Per foot type 3 1/8" BULL JET

Pad 30,000 gallons. Additives \_\_\_\_\_  
70% QUALITY FOAM

Water 52,000 gallons. Additives \_\_\_\_\_  
70% QUALITY FOAM

Sand 150,000 lbs. Size 20-40

Flush 3300 gallons. Additives \_\_\_\_\_  
70% QUALITY FOAM

Breakdown 1370 psig

Ave. Treating Pressure 3000 psig

Max. Treating Pressure 4000 psig

Ave. Injection Rate 30 BPM

Hydraulic Horsepower \_\_\_\_\_ HHP

Instantaneous SIP 3850 psig

5 Minute SIP 3800 psig

10 Minute SIP 3570 psig

15 Minute SIP \_\_\_\_\_ psig

Ball Drops: NONE Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig  
 \_\_\_\_\_ Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig  
 \_\_\_\_\_ Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig  
 \_\_\_\_\_ psig  
 \_\_\_\_\_ psig  
 \_\_\_\_\_ psig

Remarks: SCREENED OUT ON FLUSH.