

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 430' FNL, 459' FEL S.26	8. FARM OR LEASE NAME RINCON
14. PERMIT NO.	9. WELL NO. NO. 87
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 7076 GR 7088 KB	10. FIELD AND POOL, OR WILDCAT COUNSELORS GALLUP DAKOTA
	11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA NE1 NE1 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:

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) PRODUCTION CASING	<input checked="" type="checkbox"/>		<input checked="" 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 CASING AND CEMENT SUMMARY.

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

SIGNED Lawrence Blum

TITLE PRODUCTION SUPERINTENDENT

DATE JUNE 22, 1989

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

TITLE _____

ACCEPTED FOR RECORD

JUN 27 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY KK

Casing and Cement Summary

6-20-'89 TD- 5953'. Ran 137 joints. 4 1/2", 10.50 lb., K-55 casing.
Measured 5925.42, set at 5937.42 Float collar- 5889.00 (KB),
Stage collar-4287.67 (KB). First stage cemented as follows:

Pump 10 bbls. fresh water, 10 bbls. CaCl_2 water, 10 bbls.
fresh water, 12 bbls. Flocheck-21, 10 bbls. water spacer
followed by 425 sacks, (603 cu. ft.) 50-50 pozmix, 2% gel,
6 1/4 lbs. Gilsonite and 6 lbs. salt per sack. Plug down
6:50 P.M. 6-20-'89.

Circulated cement by stage collar. Circulated 4 hours between
stages.

Second stage - same spacer program as the first stage
followed by 475 sacks, (1301 cu. ft.) 65-35 pozmix, 12%
gel, 6 1/4 lbs. Gilsonite per sack followed by 50 sacks,
(59 cu. ft.) Class "B" cement. Plug down 11:30 P.M.
6-20-'89. Circulated 8 bbls. cement.

