

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

SF-078362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

JACK A. COLE

3. ADDRESS OF OPERATOR

P. O. BOX 191, FARMINGTON, NEW MEXICO 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

430' FNL, 450' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

RINCON

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

COUNSELORS GALLUP DAKOTA

11. SEC. T. R. M. OR BLK. AND
SUBV. OR AREA

NE 1/4 NE 1/4

SEC. 6-T23N-R6W

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, AT, OR, ETC.)

7076 GR

7088 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

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 SUMMARY.

RECEIVED
JUL 7 1989
OIL CON. DIV.
DIST. 3

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

SIGNED

Dwayne Blissett

TITLE

PRODUCTION SUPERINTENDENT

DATE

JULY 6, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NM000

ACCEPTED FOR RECORD

JUL 13 1989

FARMINGTON RESOURCE AREA

BY

FORMATION TREATMENT
Formation GALLUP Stage No. 2 Date JULY 1, 1989

SKELLY

Operator JACK A. COLE Lease and Well RINCON NO. 7

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type RETRIEVABLE Set At 5655

Perforations 5628-38

4 Per foot type 3 1/8" BULL JET

Pad 7176 gallons. Additives _____

70% QUALITY FOAM

~~Water~~ 60,156 gallons. Additives _____

70% QUALITY NITROGEN FOAM

Sand 53,000 lbs. Size 20-40

Flush _____ gallons. Additives _____

SCREENED OUT

Breakdown 1750 psig

Ave. Treating Pressure 3330 psig

Max. Treating Pressure 3950 psig

Ave. Injection Rate 30 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 3540 psig

5 Minute SIP _____ psig

10 Minute SIP _____ psig

15 Minute SIP _____ psig

Ball Drops: _____ Balls at _____ gallons _____ psig

increase

_____ Balls at _____ gallons _____ psig

increase

_____ Balls at _____ gallons _____ psig

increase

Remarks: ORIGINAL TREATMENT PROGRAM CALLED FOR 115,000 LBS. SAND.

SCREENED OUT AT 53,000 LBS.

FRACTURE TREATMENT

Formation GALLUP Stage No. 1 Date JUNE 29, 1989

MARYE

Operator JACK A. COLE Lease and Well RINCON NO. 7*

Correlation Log Type DCL From 5886 To 5450

Temporary Bridge Plug Type _____ Set At _____

Perforations 5828-38 5758-77

4 Per foot type 3 1/8" BULL JET

Pad 36,800 gallons. Additives _____

70% QUALITY FOAM

~~Water~~ 70% QUALITY FOAM 55,200 gallons. Additives _____

Sand 205,000 lbs. Size 20-40

Flush 3,800 gallons. Additives _____

Breakdown 1900 ISIP - 500
1400 psig 400

Ave. Treating Pressure 3250 psig

Max. Treating Pressure 3500 psig

Ave. Injection Rate 30 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 2330 psig

5 Minute SIP 2030 psig

10 Minute SIP 2010 psig

15 Minute SIP 1990 psig

Ball Drops: NONE Balls at _____ gallons _____ psig

_____ Balls at _____ gallons _____ psig

_____ Balls at _____ gallons _____ psig

_____ Balls at _____ gallons _____ psig

_____ Balls at _____ gallons _____ psig

Remarks: _____