

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.) ft. surface 1820' FNL, 2130' FEL		8. FARM OR LEASE NAME RINCON	
14. PERMIT NO.		9. WELL NO. 13	
15. ELEVATIONS (Show whether DF, HT, GR, etc.) 6827 GR		10. FIELD AND POOL, OR WILDCAT LYBROOK GALLUP	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE 1/4 NE 1/4 SEC. 1-T23N-R7W	
		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) SPUD & SET CASING <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.)\*

SEPTEMBER 6, 1989 SPUD 3:15P.M. RUN 6 JOINTS 8 5/8", 24.0 LB., J-55 CASING. MEASURED 244.15', SET AT 258.15'. CEMENTED WITH 250 SACKS, CLASS "B", 3% CACL AND 1/4 LB. FLOCELE PER SACK. PLUG DOWN 11:30 P.M. SEPTEMBER 5, 1989. CIRCULATED 23 BBLs. CEMENT.

SEPTEMBER 6 PRESSURE TEST CASING AND BOP TO 500 PSI FOR 15 MINUTES. TEST OKAY.

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

SIGNED Dwayne Blanchett

TITLE PRODUCTION SUPERINTENDENT

DATE SEPTEMBER 8, 1989

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

REMOVED

\*See Instructions on Reverse Side