

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 ☒ GAS WELL ☐ OTHER ☐	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. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1820 FNL x 2130 FEL	10. FIELD AND POOL, OR WILDCAT LYBROOK GALLUP
14. PERMIT NO.	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA SW 1/4 NE 1/4 SEC. 1-T23N-R7W
15. ELEVATIONS (Show whether OF, NT, GR, etc.) 6827 GR 6841 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☒

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

(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.)*

21 SEPTEMBER 1989 - Fracture stimulated as per attached treating report.

RECEIVED

OCT 10 1989

CON. DIV
DIST. 3

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

SIGNED

TITLE PETROLEUM ENGINEER

DATE 25 SEPTEMBER 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 05 1989

FARMINGTON RESOURCE AREA

Title and description of this report make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BY

*See instructions on Reverse Side

Operator JACK A. COLE Lease and Well RINCON # 13

Correlation Log Type CBL-VDL From _____ To _____

Temporary Bridge Plug Type NONE Set At _____

Perforations 5414" - 5434', 5458' - 5460', 5478' - 5488'
4 Per foot type 9g Jet Shots

Pad 60,000 gallons. Additives _____
70% N₂ FOAM
2% KCI + 30 lb./MGAL Gellant in liquid phase.

Water 138,300 gallons. Additives _____
70% N₂ FOAM
2% KCI + 30 lb./MGAL Gellant in liquid phase.

Sand 346,00 lbs. Size 20/40 ARIZONA

Flush 8,700 gallons. Additives _____
50% N₂ FAOM
2% KCI + 30 lb./MGAL Gellant in liquid phase.

Breakdown 900 psig (PRE-FRAC BREAKDOWN with 15% HCl)

Ave. Treating Pressure 3,550 psig

Max. Treating Pressure 3,950 psig

Ave. Injection Rate 29 BPM

Hydraulic Horsepower 2,857 HHP

Instantaneous SIP 2,350 psig

5 Minute SIP 2,225 psig

10 Minute SIP 2,175 psig

15 Minute SIP 2,150 psig

Ball Drops: NONE Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig

Remarks: _____

R
 OIL FIELD
 DIST. 2