UNITED STATES

UNITED STATES	5. LEASE 전체 및 10 기계
DEPARTMENT OF THE INTERIOR	5. LEASE
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Jack Control
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME & COLORD OF THE COLOR
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME 3 3 3 3
reservoir, use rounts-use a constant and a constant	8. FARM OR LEASE NAME 3 Surgicial State of the Canada Cana
1. oil gas X other	9 WELL NO POSE CONTRACTOR
2. NAME OF OPERATOR	2 g
Jack A. Cole	10. FIELD OR WILDCAT NAME TO THE TOTAL TO THE TOTAL TO
3. ADDRESS OF OPERATOR	
P. O. Box 191, Farmington, N.M. 87401	11. SEC., T., R., M. CORBLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA 25 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
AT SURFACE: 1120/N & 1110/E Sec. 8	12. COUNTY OR PARISH 13. STATE & ?
AT TOP PROD. INTERVAL: Same	Sandoval New Mexico
AT TOTAL DEPTH: Same	14. API NO. significant of the second of the
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS KSHOW DF, KDB, AND WD)
REPORT, OR OTHER DATA	6795 Gragat 5 9855
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6755 614 615 615 615 615 615 615 615 615 615 615
TEST WATER SHUT-OFF	oleta e ingge
FRACTURE TREAT SHOOT OR ACIDIZE	et bing graph of the property
REPAIR WELL	(NOTE: Panort recults of multiple completion or zone
PULL OR ALTER CASING	change on Form 9=330.) = 1 5 5 5
MULTIPLE COMPLETE	erroitounte noitstego lle bestgesse to edmun ent t most beniest base reibul an bluoriest to borter bo borter ge ett - 2 2221
ABANDON* □	structic llasses and bluoria the banks the banks the booth and that the booth and the banks the booth and the banks
(other) Running Casing X	Mental Me
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	
including estimated date of starting any proposed work. If well is of measured and true vertical depths for all markers and zones pertine	ditectionally drilled, give substitude incations and
3-1-80 Reached TD 1618'. Ran 39 joi	nts 4½", 10.50 1b. K-55 scasing.
Cemented 1503, at 1510 Vb M/3	O Backs Off Sharmar and and act
and 6% lbs. gilsonite per sac	k followed by 115 sacks 250-50
Pozmix 2% gel and 6 lbs. salt Good circulation throughout.	Cement circulated to surface.
Good Circulation throughout.	E SOUTH TO
Prep to sand water frac throu	igh casing partial of a
w/30,000 gals. water, 40,000	1bs. 20-405 8 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	age of the second secon
	### ##################################
	Soor Description of the second
Subsurface Safety Valve: Manu. and Type	d to the same of t
18. I hereby certify that the foregoing is true and correct	becq 14 of 17 of 17 of 17 of 18 of 18 of 18 of 18 of 18 of
SIGNED TITLE Operator	DATE March 24, 91980 % 3
C word its interestal	DATE DATE
APPROVED BY TITLE CONDITIONS OF APPROVAL IF ANY:	Band of the Same
MAR 5 '80	noise and a substitution of the substitution o
Ourse youistrict state	बुद्ध हुन्य क्षिण भी बुद्ध राष
BY AB *See Instructions on Reverse	ಶಹ್∓ದ್ಲುಯು, ಹೆಸ್ಸ್ e Side