ABANDON\* (other)

## HINTED STATES

OKTIED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM24141
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTIE 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 Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME
1. oil gas well other	Alamos Canyon
	9. WELL NO.
2. NAME OF OPERATOR	2
Jack A. Cole	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Wildcat
P. O. Box 191, Farmington, New Mexico	11. SEC., T., R., M., OR BLK. AND SURVEY OF
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, She space 17 below.)	
AT SURFACE: 1120/N and 1110/E Sec. 8	Sec. 8-T21N-R6W  12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	1
AT TOTAL DEPTH: Same	Sandoval   New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. ALLINO.
REPORT, CR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD
	6795 Gr.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	0755 01.
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE  REPAIR WELL  T	
PULL OR ALTER CASING []	(NOTE: Report results of multiple completion or zon change on Form 9-330.)
MULTIPLE COMPLETE	1
CHANGE ZONES	

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.)\*

Ran Correlation log. Pressure tested casing to 3000 psi. 3-18-80 Perforated casing 1387-88/2 per ft.; 1392-93 with 2/ft.; 1353-56 with 1/ft.; 1360-61 with 2/ft.; 1363-82 with 1/ft. Total 25' with 28 holes. Sand water frac treated down casing with 30,000 gals. water and 40,000 lbs. sand with 22 tons  $CO_2$  (378,000 ft. 3). BDP 2200; TP 900; IR 30 BPM BDP 2200; TP 900; IR 30 BPM; ISIP 650 psi.

U. S. GEOLOGICAL SUR

Subsurface Safety Valve: Manu. and Type \_ \_

y that the foregoing is true and correct

CCC TITLE Operator DATE April

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side