

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYForm Approved.  
Budget Bureau No. 42-R1424

## 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.)

1. oil well ☐ gas well ☒ other

## 2. NAME OF OPERATOR

Jack A. Cole

## 3. ADDRESS OF OPERATOR

P. O. Box 191, Farmington, N.M. 87401

## 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1100/N and 1120/W Sec. 15

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

## 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☒SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON\* ☐

(other) Running Casing

## SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐☒5. LEASE  
NM36941

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Alamos Canyon9. WELL NO.  
1

10. FIELD OR WILDCAT NAME

Wildcat

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA

Sec. 15-T21N-R6W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6839 Gr.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

## 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.)\*

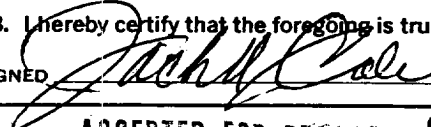
3-3-80 Reached TD 1615'. Ran 35 joints 4½", 10 lb. K-Casing. Cemented 1502' at 1512 KB w/50 sacks 65% Pozmix, 12% gel and 6½ lb. gilsonite per sack followed by 15 sacks 50-50 Pozmix, 2% gel and 6 lbs. salt per sack. D. 7:00 P.M. Good circulation throughout. Cement circulated to surface.

Prep to sand water frac treat through casing and annulus w/30,000 gals. water, 40,000 lbs. 20-40 mesh sand.

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

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

SIGNED



TITLE Operator

DATE

Mar 4, 1980

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

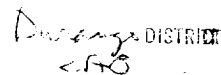
TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 6 '80

BY



\*See Instructions on Reverse Side