Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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: 1850'FSL, 790'FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) See Below		

5. LEASE
Contract No. 358

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Chacon Amigos

9. WELL NO. 101

10. FIELD OR WILDCAT NAME
Chacon Dakota Associated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7-T22N-R2W
N.M.P.M.

12. COUNTY OR PARISH Sandoval
13. STATE N.M.

14. API NO.

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

(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.)*

Well shut in 9/30/82 for economical determination of gas sales.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

FOR: JACK A. COLE

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

SIGNED _Dewayne Blenett_ TITLE _Walsh Engr. & Prod. Corp._ DATE _10/1/82_
Production Foreman

(This space for Federal or State office use)

APPROVED BY ___ ACCEPTED FOR RECORD ___ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 04 1982

FARMINGTON DISTRICT *See Instructions on Reverse Side
BY _____

NMOCD