

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 800' FNL, 1850' FWL
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* ☐

SUBSEQUENT REPORT OF:

(other) Complete Additional Interval

5. LEASE

Contract No. 360

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chacon Amigos

9. WELL NO.

6

10. FIELD OR WILDCAT NAME

Chacon Dakota Associated

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

AREA
Sec. 11-T22N-R3W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE
Sandoval NM

14. API NO.

30-043-20513

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

7124'DF, 7125'KB, 7111'GL

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

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.)*

It is proposed to complete an additional interval in the Dakota Formation from 6844' to 6859'. The Dakota Formation is currently producing from interval 6744' to 6782'. The additional interval will be fractured with sandwater treatment.

A pit to recover frac water will be constructed at the existing location.

Approved subject to no new ground being disturbed for the pit (locate pit on old well pad or within reserve pit site) and pit to be filled as soon as it is dry.

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

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

For: Jack A. Cole President, Walsh Engineering

SIGNED *Ewell N. Walsh* TITLE and Production Corp DATE Oct. 21, 1982

Ewell N. Walsh, P.E.

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY

APPROVED
AS AMENDED

TITLE _____ DATE _____

OCT 27 1982

JAMES F. SIMS
DISTRICT ENGINEER

NMOC