

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 ☐ gas ☒ 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: 1870' FNL, 1520' 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:

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

SUBSEQUENT REPORT OF:

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☐
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☐
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5. LEASE
NM 24141
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Alamos Canyon
9. WELL NO.
9
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., OR BLK. AND SURV. OR AREA
Sec. 6-T21
12. COUNTY OR PARISH
Sandoval
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (HOW DF, KDB, WD)
6833 GR

(NOTE: Report results of multiple completion or change on completion.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, 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.)*

1-6-81 Spud well.

1-7-81 TD 136'. Ran 3 joints 8 5/8", 24.0 lbs. (126.17'). Set at 126.17' with 100 sack cement with 3% CaCl and 1/4 lb. Flocele Cement circulated to surface. Pressure 500 PSIG. Test okay.

1-9-81 Depth 1600', T.D. Ran Schlumberger ISF & FDC. Ran 37 joints, 4 1/2", 9.50 lb., K-55 casing set at 1565' with 250 sacks cement. Plug down at 1:30 a.m. 1-9-81. Cement circulated.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Jack A. Cole TITLE Operator DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

FARMINGTON DISTRICT

BY