

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 ☒ other2. NAME OF OPERATOR
Jack A. Cole3. ADDRESS OF OPERATOR
P. O. Box 191, Farmington, N.M. 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 945/N and 1650/W
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:

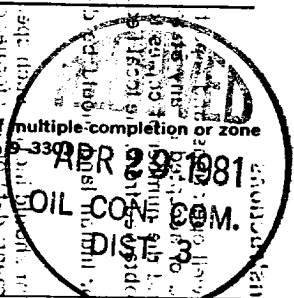
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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5. LEASE NM 21454 Federal	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Alamos Canyon	
9. WELL NO. 10	
10. FIELD OR WILDCAT NAME Wildcat	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T21N-R6W	
12. COUNTY OR PARISH Sandoval	13. STATE N. M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6819 GR	

(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.)*

1-9-81 Spud well. Drilled 12 1/4" hole to 135'. Cemented surface casing at 127' with 100 sacks, 3 1/4 lb. Flocele per sack.

1-11-81 Reached TD 1590'. Ran Schlumberger logs joints 4 1/2", 9.5 lb. casing at 1565' with 120 sacks, 5 lbs. poz mix, 12% gel followed by 90 sacks 50 lbs. salt per sack. Circulated approximately 200 bbls cement to surface.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Jack A. Cole TITLE Operator DATE April 14, 1981

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC