

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

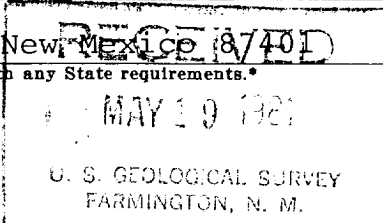
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form 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 "APPLICATION FOR PERMIT—" for such proposals.)

| | | |
|--|--|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. Contract No. 360 |
| 2. NAME OF OPERATOR JACK A. COLE | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache |
| 3. ADDRESS OF OPERATOR P. O. Box 191 Farmington, New Mexico | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790'FSL, 1850'FEL | | 8. FARM OR LEASE NAME Chacon Amigos |
| 14. PERMIT NO. | | 9. WELL NO. 5 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7256;GL, 7269'DF, 7270'KB | | 10. FIELD AND POOL, OR WILDCAT Chacon Dakota Assoc. |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1-T22N-R3W N.M.P.M. |
| | | 12. COUNTY OR PARISH Sandoval |
| | | 13. STATE N.M. |



16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

| | | | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

SEE ATTACHED FOR FRACTURE TREATMENT.



FOR: JACK A. COLE

18. I hereby certify that the foregoing is true and correct
 SIGNED EWELL N. WALSH ORIGINAL SIGNED BY EWELL N. WALSH President, Walsh Engr. & Production Corp.
 TITLE Ewell N. Walsh, P.E. DATE 5/19/81

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

MOCC

FRACTURE TREATMENT

Formation Dakota "A" Stage No. 1 Date 5/15/81

Operator JACK A. COLE Lease and Well Chacon Amigos 5

Correlation Log Type GR & CCL From 7116' To 6400'

Temporary Bridge Plug Type GO Plug Set At 6985'

Perforations 6912'-6948'
1 Per foot type 3-1/2" Glass Jets

Pad 10,000 gallons. Additives 1% Kcl. 2 lbs.
FR-20 per 1000 gallons. 1 gallon Emulsion breaker
per 1000 gallons

Water 100,000 gallons. Additives 1% Kcl. 2 lbs.
FR-20 per 1000 gallons. 15 lbs. Adomite per
1000 gallons.

Sand 120,000 lbs. Size 40/60 & 20/40

Flush 5,000 gallons. Additives 1% Kcl. 2 lbs.
FR-20 per 1000 gallons.

Breakdown 2490 psig

Ave. Treating Pressure 3100 psig

Max. Treating Pressure 3300 psig

Ave. Injection Rate 49 BPM

Hydraulic Horsepower 3723 HHP

Instantaneous SIP 2040 psig

5 Minute SIP 1770 psig

10 Minute SIP 1660 psig

15 Minute SIP 1570 psig

Ball Drops: 0 Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig

Remarks: 30,000 gallons 1-1/4 lbs. and at 45,000, at 1-1/2 to 100,000 gallons