

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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, N.M. 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with State Requirements. See also space 17 below.) At surface 1850'FNL, 990'FWL		8. FARM OR LEASE NAME Chacon Amigos	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, QB, etc.) 7145'GL, 7158'DF, 7159'KB		10. FIELD AND POOL, OR WILDCAT Chacon Dakota Associated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12-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 checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input 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.)*

4/9/81 T.D. 7047'. Ran 163 joints 4-1/2", 10.50 & 11.60 K-55 casing (7021.33') set at 7037.95' with:

First Stage: 510 sacks 50-50 Pozmix (2% Gel) with 6-1/4 lbs. Gilsonite and 6 lbs. salt per sack. Calculated top of cement 5295'.

Second Stage: 110 sacks 65-35 Pozmix (12% Gel) with 6-1/4 lbs. Gilsonite per sack, followed by 50 sacks Class "B" Neat Cement. Stage collar at 2743'. Calculated top of cement 1943'.



FOR: JACK A. COLE

18. I hereby certify that the foregoing is true and correct.
SIGNED EWELL N. WALSH TITLE President, Walsh Engr. & Production Corp. DATE 4/15/81
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE
ACCEPTED FOR RECORD

NMOCC

APR 21 1981

*See Instructions on Reverse Side

BY 2 FARMINGTON DISTRICT