

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 any State requirements.* See also space 17 below.) At surface 1850'FSL, 1650'FWL		8. FARM OR LEASE NAME Chacon Amigos
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 7165'GL, 7178'DP, 7179'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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Change in location foot-age <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	

(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.)\*

Amend Application For Permit to Drill for change in location footage:

FROM: 1850'FSL, 1850'FWL  
TO: 1850'FSL, 1650'FWL

Original A.P.D. approved January 13, 1981.

The access road originally approved, will have to be extended 200 feet West of the original location.

During the inspection by all parties, Archaeologist, USGS and BIA, of the original location a area sufficient to include the additional new road and amended location was covered in the inspection.

FOR: JACK A. COLE

18. I hereby certify that the foregoing is true and correct  
ORIGINAL SIGNED BY \_\_\_\_\_ President, Walsh Engr.  
SIGNED \_\_\_\_\_ & Production Corp. DATE 4/8/81  
Ewell N. Walsh, P.E.

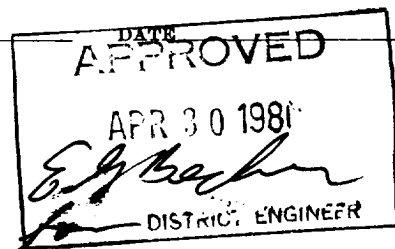
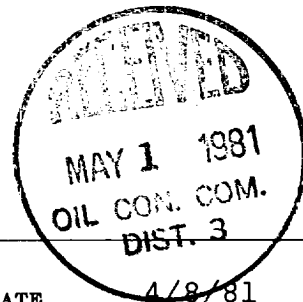
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

NMOCC

\*See Instructions on Reverse Side



## OIL CONSERVATION DIVISION

P. O. BOX 2048

SANTA FE, NEW MEXICO 87501

Form C-107  
Revised 10-1

STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

All distances must be from the outer boundaries of the Section.

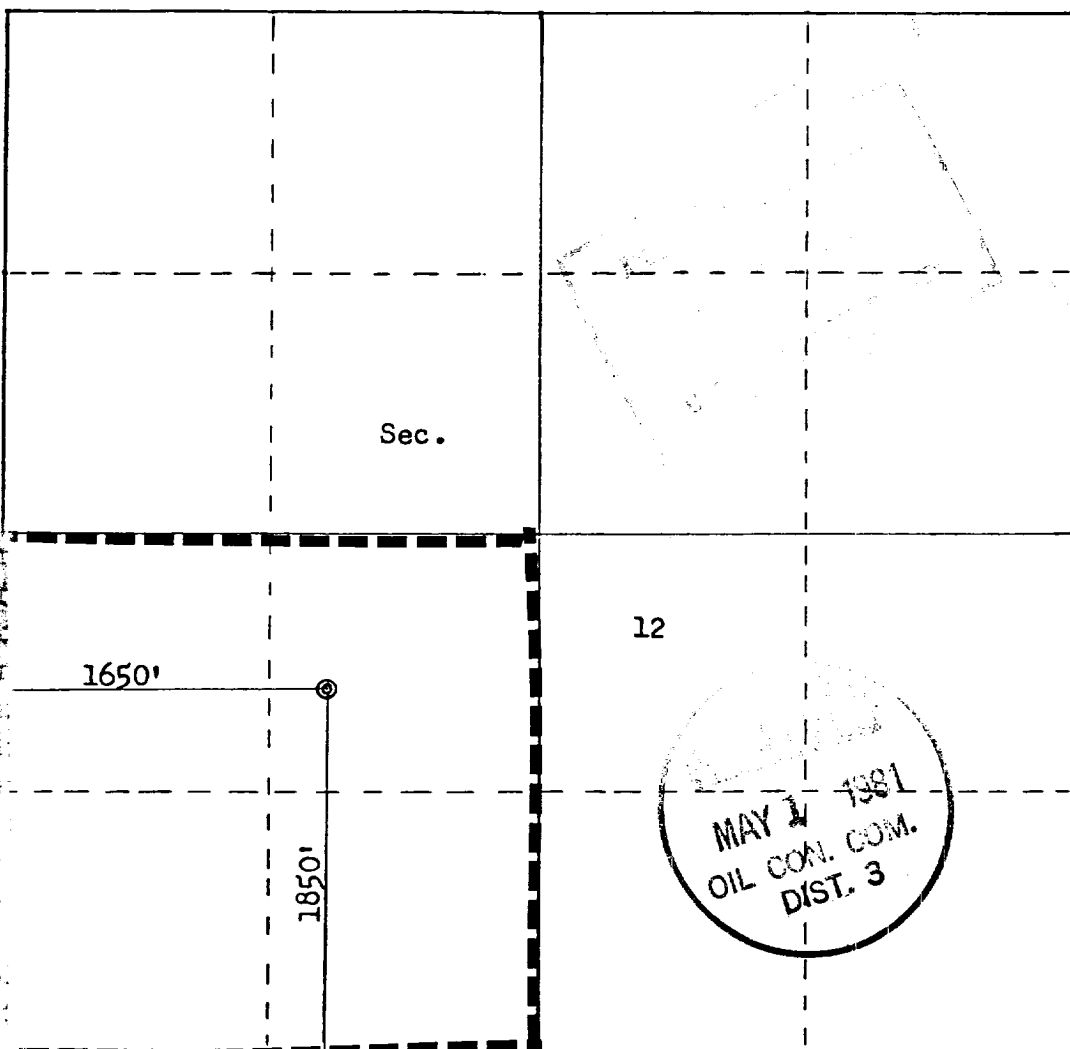
Operator <b>JACK A. COLE</b>			Lease <b>CHACON AMIGOS</b>		Well No. <b>4</b>
Unit Letter <b>K</b>	Section <b>12</b>	Township <b>22N</b>	Range <b>3W</b>	County <b>Sandoval</b>	
Actual Footage Location of Well: <b>1850</b> feet from the <b>South</b> line and <b>1650</b> feet from the <b>West</b> line					
Ground Level Elev: <b>7165</b>	Producing Formation <b>Dakota</b>		Pool <b>Chacon Dakota Associated</b>		Dedicated Acreage: <b>160</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



Scale: 1"=1000'

## CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

FOR: JACK A. COLE

ORIGINAL SIGNED BY

Name **EWELL N. WALSH**  
Ewell N. Walsh, P.E.Position  
PresidentCompany  
Walsh Engr. & Prod. Corp.Date  
4/8/81

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**April 8, 1981**  
Registered Professional Engineer  
and Land Surveyor  
**Fred P. Kerr, Jr.**  
Certificate No. **3950**