

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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.)

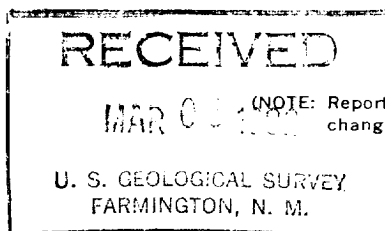
1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR  
JACK A. COLE
3. ADDRESS OF OPERATOR  
P. O. Box 191, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1830'FNL, 850'FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

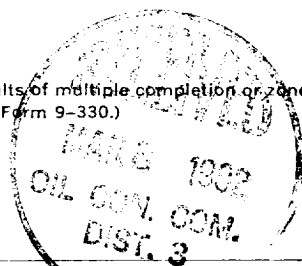
- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

- ☐  
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(NOTE: Report results of multiple completion or zone change on Form 9-330.)



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.  
12
10. FIELD OR WILDCAT NAME  
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 5-T21N-R6W N.M.P.M.
12. COUNTY OR PARISH  
Sandoval
13. STATE  
New Mexico
14. API NO.  
30-043-20551
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6818'GL

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.)\*

It is requested that the approved Application For Permit to Drill (APD), due to expire on March 24, 1982, be extended for an additional 6 month period.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft

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

ORIGINAL SIGNED BY  
SIGNED EWELL N. WALSH TITLE President DATE March 2, 1982  
Ewell N. Walsh, P. E.

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

NMOCC

