

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 ☒ other2. NAME OF OPERATOR  
JACK A. COLE3. ADDRESS OF OPERATOR  
P. O. Box 191, Farmington, NM 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990'FNL, 850'FEL  
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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RECEIVED

MAR 03 1982

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.5. LEASE  
NM-21454

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Alamos Canyon9. WELL NO.  
1410. FIELD OR WILDCAT NAME  
Wildcat11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T21N-R6W  
N.M.P.M.

12. COUNTY OR PARISH Sandoval 13. STATE N.M.

14. API NO.  
30-043-2055315. ELEVATIONS (SHOW DF, KDB, AND WD)  
6850'GL

(other) Extend Approved APD

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 sh, P.E. TITLE President DATE March 2, 1982

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

