

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

JACK A. COLE

3. ADDRESS OF OPERATOR

P. O. Box 191 Farmington, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1800' FSL, 1800' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7315' G.L.

5. LEASE DESIGNATION AND SERIAL NO.

Contract No. 55-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Indian Bend

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Ballard Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 25-T23N-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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 Fracture Treatment.



FOR: JACK A. COLE

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

SIGNED EWELL N. WALSH

President, Walsh Engr. &
Production Corp.

DATE 9/15/81

Ewell N. Walsh, P.E.
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC

BY SAH

Formation Pictured Cliffs Stage No. 1 Date 7-11-61

Operator JACK A. COLE Lease and Well Indian Bend 4

Correlation Log Type Gamma Ray From 2600' To 3040'

Temporary Bridge Plug Type NONE Set At

Perforations 2939'-2954'; 2959'-2964' 20 feet, 20 holes
-- Per foot type 3-1/8" Bull jets

FOAM FRAC
Pad - Foam 6,000 gallons. Additives 2% KCL

Foam 45,000 gallons. Additives 2% KCL

Sand 84,000 lbs. Size 10-20

Flush - Foam 2,100 gallons. Additives 2% KCL

Breakdown 1410 psig

Ave. Treating Pressure 1600 psig Nitrogen - 460,700 SCF

Max. Treating Pressure 1610 psig

Ave. Injecton Rate 20.0 BPM

Hydraulic Horsepower 235 HHP

Instantaneous SIP 1020 psig

5 Minute SIP 940 psig

10 Minute SIP 920 psig

15 Minute SIP 920 psig

Ball Drops: NONE Balls at gallons psig
incr
 Balls at gallons psig
incr
 Balls at gallons psig
incr

Remarks: Ball off with 30 rubber balls in 1000 gallons 7-1/2% HCL

Walsh ENGINEERING & PRODUCTION CORP