

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Contract No. 55-A
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 1000' FNL, 1850' FWL		8. FARM OR LEASE NAME Indian Bend
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7363' GL		10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-T23N-R3W N.M.P.M.
		12. COUNTY OR PARISH Sandoval
		13. STATE N.M.

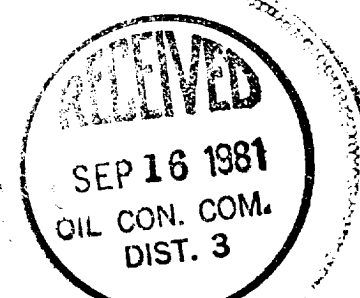
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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.) *

SEE ATTACHED FOR FRACTURE TREATMENT.



FOR: JACK A. COLE

18. I hereby certify that the work described is in accordance with the permit or contract.

SIGNED EWELL N. WALSH TITLE President, Walsh Engr. & Production Corp. DATE 9/11/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

BY

Formation Cliffs Stage No. 1 Date 9/16/81

Operator JACK A. COLE Lease and Well Indian Bend 3

Correlation Log Type GR From 2600 To 3224'

Temporary Bridge Plug Type None Set At

Perforations 3048'-3060' 12 feet, 20 holes
- Per foot type 3-1/8" Bull Jets

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 1105 psig

Ave. Treating Pressure 1550 psig Nitrogen - 500,000 SCF

Max. Treating Pressure 1648 psig

Ave. Injection Rate 20.0 BPM

Hydraulic Horsepower 228 HHP

Instantaneous SIP 1220 psig

5 Minute SIP 1190 psig

10 Minute SIP 1130 psig

15 Minute SIP 1130 psig

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

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

Walsh ENGINEERING & PRODUCTION CORP.

