

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(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 1850' FSL 790' FEL		8. FARM OR LEASE NAME Indian Bend
14. PERMIT NO.		9. WELL NO. 9
15. ELEVATIONS (Show whether DF, FT, GS, etc.) 7207' G.L.		10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36-T23N-R3W N.M.P.M.
		12. COUNTY OR PARISH Sandoval
		13. STATE N.M.

18. 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 ☐

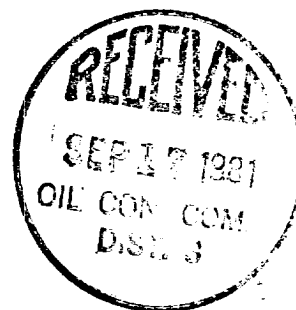
(Other)

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 Fracture Treatment.



FOR: JACK A. COLE
18. I hereby certify that the foregoing is true and correct
ORIGINAL SIGNED BY
SIGNED EWELL N. WALSH, P.E. TITLE Production Corp. DATE 9/15/81
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

BY SM

Formation Cliffs Stage No. 1 Date 9/14/81

Operator JACK A. COLE Lease and Well Indian Bend 9

Correlation Log Type Gamma Ray From 2400' To 2855'

Temporary Bridge Plug Type NONE Set At

Perforations 2733'-2736';
2770'-2772'; 2774'-2779' 10 feet 20 holes
-- Per foot type 3-1/8" Bull Jet

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

Foam 45,000 gallons. Additives 2% Kcl.

Sand 84,000 lbs. Size 10-20

Flush 2,100 gallons. Additives 2% Kcl.

Breakdown 500 psig

Ave. Treating Pressure 1450 psig

Max. Treating Pressure 1600 psig

Ave. Injecton Rate 20 BPM

Hydraulic Horsepower 206 HHP Nitrogen 518,600 SCF

Instantaneous SIP 1400 psig

5 Minute SIP 1320 psig

10 Minute SIP 1310 psig

15 Minute SIP 1300 psig

Ball Drops: Norm 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.

Walsh ENGINEERING & PRODUCTION CORP.

