

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 ☐  
well well other

2. NAME OF OPERATOR

Jack A. Cole

3. ADDRESS OF OPERATOR

P.O. Box 191, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1850' FNL, 1850' FEL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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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☐

(other) Complete additional interval

5. LEASE

Contract No. 360

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chacon Amigos

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

Chacon Dakota Associated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1-T22N-R3W

N.M. P.M.

12. COUNTY OR PARISH

Sandoval

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7229' GL

7243' DF

RECEIVED  
AUG 17 1983

RECEIVED  
AUG 26 1983

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

OIL CON. DIV.  
DIST. 3

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 proposed to complete and comingle a new interval in the Gallup Formation from 6079' - 6099'. The Dakota Formation is currently producing from interval 6942' - 7051'. The additional interval will be fractured with nitrified gel. A pit to recover frac fluid will be constructed at the existing location.

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

FOR: Jack A. Cole

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

SIGNED Dewayne Blanchett  
Dewayne Blanchett

TITLE Production Superintendent DATE August 16, 1983

(This space for Federal or State office use)

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

APPROVED

\*See Instructions on Reverse Side

NMOCC

AUG 24 1983  
M. MILLENBACH  
AREA MANAGER