

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 ☒ other

2. NAME OF OPERATOR
JACK A. COLE

3. ADDRESS OF OPERATOR
P.O. Box 191 Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790'FNL, 1820'FWL
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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☒
☐
☐
☐
☐
☐
☐
☐

5. LEASE
Contract No. 358

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Indian Bend "A"

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Ballard Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5-T22N-R2W
N.M.P.M.

12. COUNTY OR PARISH
Sandoval

13. STATE
N.M.

14. API NO.
30-043-20635

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7436'G.L.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

4/21/82 T.D. 3040'. Ran 75 joints 4-1/2", 10.50 lb., K-55 casing set at 3028.28' with:

150 sacks 50-50 Pozmix (2% Gel) with 6-1/4 lbs.
Gilsonite per sack. Top of cement Temperature Survey - 2000'.
Insert Float - 3010.53'KB

FOR: JACK A. COLE

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED EWELL N. WALSH President, Walsh 4/23/82
TITLE Engr. & Prod. DATE
Ewell N. Walsh, PE

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

APR 23 1982

FARMINGTON DISTRICT

BY sm

NMOCC