

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
JACK A. COLE

3. ADDRESS OF OPERATOR
P.O. Box 191 Farmington, N.M. 87499

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:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) See Below

SUBSEQUENT REPORT OF:

□ □ □ □ □ □ □

RECEIVED

OCT 18 1982

U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO

(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.)*

Casinghead Gas First Delivered 10/13/82

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

FOR: JACK A. COLE
18. I hereby certify that the foregoing is true and correct

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

SIGNED Dorothy Bennett Walsh Engr. & 10/18/82
Production Foreman TITLE Production Corp. DATE

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

OCT 10 1982

NMOCG

BY FARMINGTON
Smm