

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. 87401

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

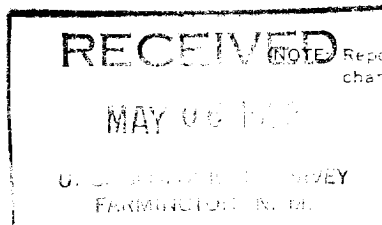
AT SURFACE: 1520'FNL, 1520'FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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*	☐
(other)	☐

SUBSEQUENT REPORT OF:



(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.)*

4/30/82 Spud Well
4/30/82 T.D. 130'. Ran 3 joints 8-5/8", 24.0 lb., K-55 casing (121') set at 121' with 85 sacks Class "B" cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack. Cement circulated 6 barrels to surface. Test with 500 psig. Test ok.

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

FOR: JACK A. COLE

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

18. Thereby certify that the foregoing is true and correct. Walsh Engineering
 SIGNED: *Dwayne Blainett* Dwayne Blainett
 Dwayne Blainett, Production Foreman TITLE: Prod. Corp.

DATE 5/4/82

(This space for Federal or State office use)

APPROVED BY _____
 CONDITIONS OF APPROVAL, IF ANY:

TITRE

DATE _____

REF ID: A66093

* See Instructions on Reverse Side

EXPERIMENT 1: CONDUCT

PM

SM

NMCCG