

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 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:

☒ FRACTURE TREATMENT
☐ SHOOT OR ACIDIZE
☐ REPAIR WELL
☐ PULL OR ALTER CASING
☐ MULTIPLE COMPLETE
☐ CHANGE ZONES
☐ ABANDON
☐ OTHER

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.
2
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.
30-043-20636
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7396'GL

(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.)*

SEE ATTACHED FOR FRACTURE TREATMENT

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

FOR: JACK A. COLE

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

SIGNED **EWELL N. WALSH** President, Walsh Engr. & Prod. Corp. DATE 5/17/82
Ewell N. Walsh, PE

(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

NMOCC

MAY 21 1982
FARMINGTON DISTRICT
BY SAN

Formation C1111S Stage No. 1 Date 5/15/82 /

Operator JACK A. COLE Lease and Well Indian Bend "A" 2

Correlation Log Type Blue Jet From 2973' To 2500'

Temporary Bridge Plug Type N/A Set At _____

Perforations 2886'-2890' 2905'-2911'
2 Per foot type Bull Jets

Pad (FOAM) 6,000 gallons. Additives 2% KCL water
& 70% Quality Foam.

FOAM 45,000 gallons. Additives 2% KCL Water
& 70% Quality Foam

Sand 84,000 lbs. Size 10/20

Flush (FOAM) 2,000 gallons. Additives 2% KCL Water
& 70% Quality Foam

Breakdown 1800 psig

Ave. Treating Pressure 1460 psig

Max. Treating Pressure 1590 psig

Ave. Injection Rate 20.0 BPM

Hydraulic Horsepower 215 HHP

Instantaneous SIP 1350 psig

5 Minute SIP 1210 psig

10 Minute SIP _____ psig

15 Minute SIP 1140 psig

Ball Drops: _____ Balls at _____ gallons _____ psig
incr
_____ Balls at _____ gallons _____ psig
incr
_____ Balls at _____ gallons _____ psig
incr

Remarks: Ball off with 30 rubber balls in 1000 gallons acid. Balls did not
surge off after acid. Knocked off and recovered with junk basket.

Walsh ENGINEERING & PRODUCTION CORP.