

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, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *2202' FSL & 1450' 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:

☐
☒
☐
☐
☐
☐
☐
☐
☐

RECEIVED

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

5. LEASE
NM 22036

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Penistaja 4

9. WELL NO.
11

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

NESW Sec. 4-T20N-R4W

12. COUNTY OR PARISH *Sandoval* 13. STATE *New Mexico*

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6950 GR 6963 KB

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 report.

RECEIVED

AUG 29 1984

OIL CON. DIV.
DIST. 3

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

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

SIGNED *Dwight Blumett* TITLE *Prod. Superintendent* DATE *August 15, 1984*

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

AUG 28 1984

*See Instructions on Reverse Side

NM000

FARMINGTON RESOURCE AREA

RY

smm

Formation Gallup Stage No. 1 Date 8-10-84

Operator Jack A. Cole Lease and Well Penistaja 4 #11

Correlation Log Type None From _____ To _____

Temporary Bridge Plug Type None Set At _____

Perforations - Slotted liner 4145-4175, 4285-4315, 4420-4430, 4460-4470
Per foot type _____

Pad - Lease oil 10,000 gallons. Additives _____

~~Water~~ Mij-T-Oil 53,600 gallons. Additives _____

Sand 60,000 20,000 lbs. Size 20-40 10-20

Flush - Lease oil 6,600 gallons. Additives _____

Breakdown 760 psig

Ave. Treating Pressure 600 psig

Max. Treating Pressure 1,200 psig

Ave. Injecton Rate 45 BPM

Hydraulic Horsepower 661 HHP

Instantaneous SIP 500 psig

5 Minute SIP 500 psig

10 Minute SIP 500 psig

15 Minute SIP 5,000 psig

Ball Drops: None _____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
increas
increas
increas

Remarks: Unable to obtain high injection rate because of low suction volume.