

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 that purpose.)

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: 400' FSL, 800' 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) DESIGNATION OF OPERATOR

SUBSEQUENT REPORT OF:

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RECEIVED

MAY 30 1985

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

6. IF INDIAN, ALLOTTEE OR TRIBAL NAME  
NM-23734

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

PENISTAJA

9. WELL NO.  
NO. 6-13

10. FIELD OR WILDCAT NAME  
UNDESIGNATED GALLUP

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

SEC. 6-T20N-R3W

12. COUNTY OR PARISH 13. STATE  
SANDOVAL NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6952' GR 6964' KB

(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.)\*

5-28-85 OPERATION OF ABOVE WELL HAS BEEN REDESIGNATED TO GARY-WILLIAMS OIL PRODUCER, INC.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_

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

SIGNED Dwayne Blissett TITLE PROD. SUPT. DATE MAY 29, 1985

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY:

\*See Instructions on Reverse Side

NMOCC