Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM-58873

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: JACK A. COLE

8. FARM OR LEASE NAME: RINCON

3. ADDRESS OF OPERATOR: P. O. BOX 191, FARMINGTON, NEW MEXICO 87499

9. WELL NO.: 11

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1880 FSL, 930 FEL

10. FIELD AND POOL, OR WILDCAT: ESCRITO GALLUP

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: NE¼ SE¼ SEC. 31-T24N-R6W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 7089 GR 7110 KB

12. COUNTY OR PARISH: RIO ARRIBA 13. STATE: NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[X]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			[ ]
(Other)			[ ]	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

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.

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

SIGNED Dewayne Blanchett TITLE PRODUCTION SUPERINTENDENT DATE JULY 24, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCD

Formation MARYE / GALLUP Stage No. 1 Date JULY 8, 1989

Operator JACK A. COLE Lease and Well RINCON NO. 11

Correlation Log Type BDL-CCL From 5931 / 4300 To 5550 / 4200

Temporary Bridge Plug Type _____ Set At _____

Perforations 5778-99, 5822-24, 5830-32, 5846-56
4 Per foot type 3 1/8 BULL JET

Pad 17,400 gallons. Additives 70% QUALITY FOAM

~~Wxkxxx~~ 70% QUALITY FOAM 143,000 gallons. Additives _____

Sand 300,000 lbs. Size 20-40

Flush 3460 gallons. Additives _____

Breakdown 1st.- 1200
2nd.- 1100
3rd.- 900 psig

Ave. Treating Pressure 3500 psig

Max. Treating Pressure 4000 psig

Ave. Injecton Rate 35 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 3900 psig

5 Minute SIP 3670 psig

10 Minute SIP 3570 psig

15 Minute SIP 3520 psig

Ball Drops: NONE Balls at _____ gallons _____ psig incre

_____ Balls at _____ gallons _____ psig incre

_____ Balls at _____ gallons _____ psig incre

Remarks: _____

Formation SKELLY / GALLUP Stage No. 2 Date JULY 16, 1989

Operator JACK A. COLE Lease and Well RINCON NO. 11

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type HALCO SPEED-E-DRILL Set At 5699

Perforations 5650-58

4 Per foot type 3 1/8" BULL JET

Pad 10,200 gallons. Additives 70% QUALITY FOAM

~~Water~~ 70% QUALITY FOAM 71,400 gallons. Additives _____

Sand 92,800 lbs. Size 20-40

Flush 3400 gallons. Additives 50% QUALITY FOAM

Breakdown 1800 psig

Ave. Treating Pressure 3000 psig

Max. Treating Pressure 3070 psig

Ave. Injecton Rate 20 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 2480 psig

5 Minute SIP 2220 psig

10 Minute SIP 2220 psig

15 Minute SIP 2220 psig

Ball Drops: NONE Balls at _____ gallons _____ psig incre

_____ Balls at _____ gallons _____ psig incre

_____ Balls at _____ gallons _____ psig incre

Remarks: _____