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.: SF-078562

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.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1080' FNL, 2160' FWL

10. FIELD AND POOL, OR WILDCAT: ESCRITO GALLUP EXT.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: NE¼ NW¼ SEC. 30-T24N-R6W

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6716 GR 6731 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 Blanset TITLE PRODUCTION SUPERINTENDENT DATE JUNE 6, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

ACCEPTED FOR RECORD
JUN 08 1989
FARMINGTON RESOURCE AREA
BY [illegible]

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

FRACTURE TREATMENT

Formation GALLUP Stage No. MARYE INTERVAL Date MAY 26, 1989

Operator JACK A. COLE Lease and Well RINCON NO. 1

Correlation Log Type GR-CCL From 5641 To 5250

Temporary Bridge Plug Type NONE Set At

Perforations 5503-34 5577-90
2 Per foot type 3 1/8 BULL JET

Pad - FOAM 11894 gallons. Additives

~~Water~~ 70 QUALITY FOAM 30413 gallons. Additives

Sand 220000 lbs. Size 20-40

Flush FOAM 3400 gallons. Additives

BOTH ZONES

Breakdown 1600 psig

Ave. Treating Pressure 3050 psig

Max. Treating Pressure 3380 psig

Ave. Injecton Rate 30 BPM

Hydraulic Horsepower HHP

Instantaneous SIP 2700 psig

5 Minute SIP 2350 psig

10 Minute SIP 2240 psig

15 Minute SIP 2180 psig

Ball Drops: NONE Balls at gallons psig increa

Balls at gallons psig increa

Balls at gallons psig increa

Remarks: