

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
JAY J. HARRIS

3. ADDRESS OF OPERATOR

801 Ridgeway Dr. SE, Albuquerque NM 87108

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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☐

(other) Long Term Shut in. - 1 year.

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.)*

We are asking for this long term shut-in for the above described well. due to the reasons stated on the attached Sundry Notice as the conditions so stated and approved by your office. My plans for this well were somewhat delayed by title problems, which have been corrected and cleared. also I was personally delayed by a heart attack I suffered on Dec 27. 1986, which had to be corrected by a Triple By-Pass operation, from whic I am recovering rather well. Thank you for your consideration on the above request.

THIS APPROVAL EXPIRES 11/24/88

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

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

SIGNED Jay J. Harris TITLE W.I. OWNER DATE NOV. 24, 1987

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

5. LEASE
Fed. 082 079508

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Cole

9. WELL NO. 1

10. FIELD OR WILDCAT NAME

Fulcher-Kutz
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1650 fr. S & E of
Sec. 35, T28N-R10W, NMPM

12. COUNTY OR PARISH San Juan 13. STATE N. M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-331-D.)

RECEIVED
DEC 01 1987
OIL CON. DIV.
DIST. 3

APPROVED

NOV. 24, 1987

DEC 01 1987

Jay J. Harris
AREA MANAGER
WASHINGTON RESOURCE AREA

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other Instructions on Reverse Side)

BLM Form 100-107
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back a well. Use "APPLICATION FOR PERMIT" for such proposals.)

NOV 24 1986

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Jay J. Harris

3. ADDRESS OF OPERATOR
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
1650 fr. S - 1650' E of Sec. 35, T28N, R10W
NMPM, San Juan County, N. M.

5. PERMIT NO.

6. EXPLANATIONS (Show whether Dr., RT, OR, etc.)

7. LEASE DESIGNATION AND SERIAL NO.
Fed. 022 079508

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

9. UNIT AGREEMENT NAME

10. FARM OR LEASE NAME
Cole

11. WELL NO.
1

12. FIELD AND POOL, OR WILDCAT
Fulcher-Kutz

13. SEC. T. R. N. OR B.L. AND SURVEY OR AREA
1650 fr. S & E of Sec. 35, T28N, R10W, NMPM

14. COUNTY OR PARISH 15. STATE
San Juan N. M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
FULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETION	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANT	<input checked="" type="checkbox"/>		

(Other) Long term Shut in - 1 yr.

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Give it 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.)

We are asking for this long term shut in for the above well due to the following:

1. Very intermittent operations allows the well to accumulate fluid and stops production requiring the fluid to be swabbed out at considerable expense. Too much of this is poor economics. We are of the opinion that conditions will improve enough during this year that it will be possible to produce this well at a profit. If this doesn't happen I plan to drill another well in a better location. If I can afford to drill I will probably go ahead with it any way. The old well is still capable of production as the pressures indicate. On the last State Shut in test the Cole well was 200 lbs, and the other three wells on the lease were as follows :

OMLER # 3 - 184 lbs. OMLER # 2 - 185 lbs. and 200 lbs. on the other. It is my firm belief that the present Cole No. 1 will produce commercially if given a half a chance,

Approved on 11/24/87

Jay J. Harris

I hereby certify that the foregoing is true and correct

SIGNED

Jay J. Harris

TITLE Operator

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

TITLE

DEC 02 1987

OIL CON. DIV.

*See Instructions on Reverse Side

APPROVED

DATE 11 - 19 - 86

RECEIVED

NOV 24 1986

FARMINGTON RESOURCE AREA