

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, N.M. 87499

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

AT SURFACE: 1190' FSL, 1850' 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:

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-
-
-
-
-
-
-

RECEIVED
AUG 2 1983
FARMINGTON, N.M.

5. LEASE
N.M. - 28694

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Bad Lands

9. WELL NO.

1

10. FIELD OR WILDCAT NAME
So. Blanco Pictured Cliffs Extension

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

Sec. 9-T23N-R1W NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

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

7396' GR

(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.)*

7-30-83 Spud Well 8:50 A.M.

7-30-83 T.D. 130'. Ran 3 joints 8-5/8", 24.0 lb., K-55 casing (120.85') set at 120.85' with 95 sacks class "B" cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack. Cement circulated to surface.

7-31-83 Pressure test with 500 psig. Test O.K.

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

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

SIGNED DeWayne Blawie TITLE Production Superintendent DATE 8/1/83

Original Signed by FRANK T. CHAVEZ (This space for Federal or State office use)

APPROVED BY _____ TITLE SUPERVISOR DISTRICT # 3 DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 4 1983

AUG 0 4 1983

*See Instructions on Reverse Side

NMOCC

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