

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
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 to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078362
2. NAME OF OPERATOR JACK A. COLE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. BOX 191, FARMINGTON, NEW MEXICO 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1830' FNL, 750' FWL		8. FARM OR LEASE NAME MARCUS
14. PERMIT NO.		9. WELL NO. 84
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6983' GL 6995' KB		10. FIELD AND POOL, OR WILDCAT COUNSELORS GALLUP-DAKOTA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW NE
		SEC. 5-T23N-R6W
		12. COUNTY OR PARISH 13. STATE RIO ARriba 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

4-5-88 RE-PERFORATED 5668-5676 WITH 3 1/8 BULL JET, 2 HOLES PER FOOT, .45 DIA.
FRACTURE TREATED WITH 20,800 GALLONS GELLED OIL AND 30,000 LBS. 20-40 SAND.
(SEE ATTACHED FRACTURE TREATMENT REPORT.)

4-6-88 RE-PERFORATED 5533-5548 WITH 3 1/8 BULL JET, 2 HOLES PER FOOT, .45 DIA.
FRACTURE TREATED WITH 27,500 GALLONS GELLED OIL AND 50,000 LBS. 20-40 SAND.

4-13-88 FLOWING WELL TO RECOVER FRAC OIL. GAS IS BEING SOLD.

RECEIVED
BLM MAIL ROOM
88 APR 18 AM 11:23
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

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

SIGNED Dwayne Blumett

TITLE PRODUCTION SUPERINTENDENT

DATE APRIL 14, 1988

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

APR 20 1988

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

Formation SKELLY Stage No. REFRAC Date APRIL 6, 1988
(GALLUP)

Operator JACK A. COLE Lease and Well MARCUS NO. 4

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type RBP Set At 5591

Perforations 5533-5548
2 Per foot type 3 1/8" BULL JET

Pad 8,000 gallons. Additives GELLED OIL

~~WATER~~ GELLED OIL 19,500 gallons. Additives _____

Sand 50,000 lbs. Size 20-40

Flush 3,700 gallons. Additives LEASE CRUDE

Breakdown 1,200 psig

Ave. Treating Pressure 3,300 psig

Max. Treating Pressure 3,600 psig

Ave. Injection Rate 38 BPM

Hydraulic Horsepower 3,074 HHP

Instantaneous SIP 1,520 psig

5 Minute SIP 1,180 psig

10 Minute SIP 1,150 psig

15 Minute SIP 1,150 psig

Ball Drops: NONE Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig

Remarks: PERFORATED IN 800 GALLONS 15% HCL. RECEIVED GOOD BREAKDOWN WHILE PUMPING PAD.

FRACTURE TREATMENT

Formation MARYE #1 Stage No. REFRAC Date APRIL 5, 1988

Operator JACK A. COLE Lease and Well MARCUS NO. 4

Correlation Log Type NONE From _____ To _____

Temporary Bridge Plug Type HALLIBURTON E-Z DRILL Set At 5679

Perforations 5668-5676
2 Per foot type 3 1/8" BULL JET

Pad 8,000 gallons. Additives GELLED OIL

~~Water~~ GELLED OIL 12,800 gallons. Additives _____

Sand 30,000 lbs. Size 20-40 SAND

Flush 3,860 gallons. Additives LEASE CRUDE

Breakdown 1,250 psig

Ave. Treating Pressure 2,100 psig

Max. Treating Pressure 2,650 psig

Ave. Injection Rate 25 BPM

Hydraulic Horsepower 1,295 HHP

Instantaneous SIP 1,100 psig

5 Minute SIP 1,040 psig

10 Minute SIP 1,030 psig

15 Minute SIP 1,010 psig

Ball Drops: _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig

Remarks: BULL-HEADED 500 GALLONS 15% HCL AHEAD OF PAD.