

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

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. Contract No. 358
2. NAME OF OPERATOR JACK A. COLE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P. O. Box 191 Farmington, New Mexico 87401	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 1850'FSL, 790'FWL	8. FARM OR LEASE NAME Chacon Amigos
	9. WELL NO. 101
	10. FIELD AND POOL, OR WILDCAT Chacon Dakota Assoc.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7-T22N-R2W N.M.P.M.
14. PERMIT NO.	12. COUNTY OR PARISH Sandoval
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7243'GL, 7256'DF, 7257'KB	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)\*

10/2/80 Spud Well  
10/2/80 T.D. 290' Ran 9 joints 8-5/8", 24.0 lb., K-55 casing (275.50') set at 289.50' with 250 sacks Class "B" cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack. Cement circulated. Pressure test with 500 psig. Test ok.



FOR: JACK A. COLE

18. I hereby certify that the foregoing is true and correct  
ORIGINAL SIGNED BY President, Walsh Engr.  
SIGNED EWELL N. WALSH & Production Corp. DATE 10/6/80  
Ewell N. Walsh, P.E.  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY

OCT 08 1980

\*See Instructions on Reverse Side

BY FARMINGTON DISTRICT  
BA