

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 ~~well proposals~~.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
Jack A. Cole
3. ADDRESS OF OPERATOR
P.O. Box 191, Farmington, NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850 FSL 790 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* ☐

SUBSEQUENT REPORT OF:

☐
☒
☐
☐
☐
☐
☐
☐
(other) Additional Interval

5. LEASE
Contract No. 358
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Chacon Amigos
9. WELL NO.
101
10. FIELD OR WILDCAT NAME
West Lindrith Gallup - Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 7 - T22N - R2W NMPM
12. COUNTY OR PARISH
Sandoval
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7243 GL 7257 KB

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED

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

RECEIVED
JUN 04 1984
OIL CON. DIV.
DIST. 3

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

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

SIGNED Deanne Blawie TITLE Prod. Superintendent DATE May 25, 1984

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

MAY 31 1984

FARMINGTON RESOURCE AREA

BY EGB

*See Instructions on Reverse Side

NMOCC

Operator Jack A. Cole Lease and Well Chacon Amigos # 101

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type Retreivable - Baker Set At 6800 KB

Perforations + Radial Frac 5994 to 6012
4 Per foot type 3-1/8 Bull Jet

Pad 9270 gallons. Additives 20 lbs. WG-11 per
1000 gallons, 2% KCL, 20 lbs. Adomite Aqua per 1000 gallons,
1 gal. Losurf - 259 per 1000 gals., 2 gals. Non-emulsifier -
15N per 1000 gals.

Water 70,000 gallons. Additives 20 lbs. WG-11 pe
1000 gals, 2% KCL, 20 lbs. Adomite Aqua per 1000 gals., 1 ga
Losurf - 259 per 1000 gals., 2 gals. Non-emulsifier - 15N
per 1000 gals.

Sand 105,000 lbs. Size 20-40

Flush 4270 gallons. Additives _____

Breakdown 2300 psig

Ave. Treating Pressure 2100 psig

Max. Treating Pressure 2250 psig

Ave. Injecton Rate 45 BPM

Hydraulic Horsepower 2316 HHP

Instantaneous SIP 500 psig

5 Minute SIP 450 psig

10 Minute SIP 425 psig

15 Minute SIP 425 psig

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

Remarks: _____