

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Contract No. 55-A
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, N.M. 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'FNL, 1850'FEL		8. FARM OR LEASE NAME Indian Bend
14. PERMIT NO.		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7335'G.L.		10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliff
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-T23N-R3W N.M.P.M.
		12. COUNTY OR PARISH Sandoval
		13. STATE 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input 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 PLANS <input type="checkbox"/>	(Other) _____	

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

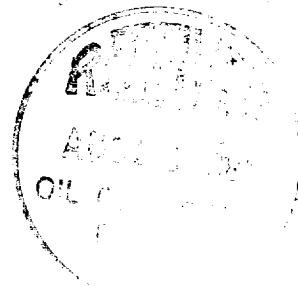
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

8/15/81 Spud Well

8/15/81 T.D. 138' Ran 4 joints 8-5/8", 24.0 lbs., K-55 casing (136.23') set at 137.23' with 100 sacks Class "B" cement with 3% Calcium Chloride with 1/4 lb. Flocele per sack. Cement circulated. Pressure test with 500 psig. Test ok.

8/21/81 T.D. 3067'. Ran 72 joints 4-1/2", 10.50 lb. K-55 casing (3095.23') set at 3067.80' with:

100 sacks 50-50 Pozmix (2% Gel) with 6-1/4 lbs. Gilsonite per sack. Calculated top of cement 2380'.



FOR: JACK A. COLE

18. I hereby certify that the foregoing is a true and correct copy of the original signed by EWELL N. WALSH President, Walsh Engr. & Production Corp. DATE 8/24/81

SIGNED Ewell N. Walsh, P.E. TITLE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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