

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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"/>	3. LEASE DESIGNATION AND SERIAL NO. SF-080202-B
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 1680' FSL, 750' FEL	8. FARM OR LEASE NAME Marcus "A"
	9. WELL NO. 9
	10. FIELD AND POOL, OR WILDCAT Lybrook Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NESE Sec. 35-T24N-R7W
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether OF, HT, CR, etc.) 6807 GR 6821 KB	13. STATE New Mexico

RECEIVED

JUN 17 1987

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input checked="" type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

See attached for casing and cement summary.

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

SIGNED Andrews Blomquist

TITLE Production Superintendent

DATE June 16, 1987

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE JUN 19 1987

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY Sm

NMOCC

*See Instructions on Reverse Side

MARCUS A NO. 9

Casing and Cement Summary

6-12-87 TD-5620'. Ran 140 joints, 4 1/2", 10.50 lb., K-55 casing.
Measured 5581.42, set at 5593.02. Float collar-5549.67' (KB),
Stage collar-413.14 (KB). First stage cemented as follows:

Pump 10 bbls. fresh water, 10 bbls. CaCl_2 water, 10 bbls. fresh water, 12 bbls. Flocheck-21, 10 bbls. water spacer followed by 350 sacks, (497 cu. ft.) 50-50 pozmix, 2% gel, 6 1/4 lbs. Gilsonite and 6 lbs. salt per sack. Plug down 11:30 P.M. 6-12-87.
Circulated cement by stage collar. Circulated 4 hours between stages.

Second stage - same spacer program as the first stage followed by 430 sacks, (1178 cu. ft.) 65-35 pozmi x, 12% Gel, 6 1/4 lbs. Gilsonite per sack followed by 50 sacks, (59 cu. ft.) Class "B" cement. Plug down 4:30 A.M. 6-13-87.

Received good cement returns at the surface.