

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. ADDRESS OF OPERATOR P.O. Box 191, Farmington, New Mexico 87499		5. LEASE DESIGNATION AND SERIAL NO. SF-078534	
2. NAME OF OPERATOR Jack A. Cole		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 845' FSL, 1960' FEL		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7074 GR 7086 KB		7. UNIT AGREEMENT NAME	
				8. FARM OR LEASE NAME Marcus A	
				9. WELL NO. 22	
				10. FIELD AND POOL, OR WILDCAT Lybrook Gallup	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SWSE Section 31-T24N-R6W	
				12. COUNTY OR PARISH Rio Arriba	
				13. STATE 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"/>	PCLL 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.)*

See Attached for Fracture Treatment.

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

SIGNED <u>Dwayne Blunt</u>	TITLE <u>Production Superintendent</u>	DATE <u>September 22, 1987</u>
(This space for Federal or State office use)		ACCEPTED FOR RECORD
APPROVED BY _____	TITLE _____	DATE <u>SEP 23 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

NMOCC

FORMATION Gallup Stage No. 1 (Marye)

Date September 19, 1987

• Operator Jack A. Cole Lease and Well Marcus A No. 22

Correlation Log Type CCL-GR From 5898 To 5450

Temporary Bridge Plug Type _____ Set At _____

Perforations 5746-5750, 5752-5710, 5814-5822

2 Per foot type 3/8" Bull Jet

Pad 10,000 gallons. Additives Gelled Oil

~~Water~~ Gelled Oil 24,000 gallons. Additives _____

Sand 60,000 lbs. Size 20-40

Flush 3,840 gallons. Additives Lease Crude

Breakdown 1800 psig

Ave. Treating Pressure 2200 psig

Max. Treating Pressure 2540 psig

Ave. Injection Rate 25 BPM

Hydraulic Horsepower 1348 HHP

Instantaneous SIP 1300 psig

5 Minute SIP 1250 psig

10 Minute SIP 1230 psig

15 Minute SIP 1210 psig

Ball Drops: 30 Balls at 16,500 gallons 810 psig

_____ Balls at _____ gallons _____ psig

_____ Balls at _____ gallons _____ psig

Remarks: Attempt to break-down perforations through PPI. Tool failed. Balled off with 1000 gals. 15% HCL interspersed with 60-7/8" balls.

Formation Gallup Stage No. 2 (Skelly)Date September 20, 1987Operator Jack A. Cole Lease and Well Marcus A No. 22

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type Drillable Set At 5664Perforations 5614-56244 Per foot type 3 1/8" Bull JetPad 10,000 gallons. Additives Gelled Oil~~Water~~ Gelled Oil 18,500 gallons. Additives _____Sand 50,000 lbs. Size 20-40Flush 3,760 gallons. Additives Lease CrudeBreakdown 1850 psigAve. Treating Pressure 1800 psigMax. Treating Pressure 2250 psigAve. Injection Rate 28 BPMHydraulic Horsepower 1350 HHPInstantaneous SIP 1500 psig5 Minute SIP 1380 psig10 Minute SIP 1360 psig15 Minute SIP 1350 psig

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

Remarks: _____