

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"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078534
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 2290' FSL, 2050' FWL		8. FARM OR LEASE NAME Marcus A
14. PERMIT NO.		9. WELL NO. 14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6775 GR 6789 KB		10. FIELD AND POOL, OR WILDCAT Lybrook Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NESW Sec. 31-T24N-R6W
		12. COUNTY OR PARISH 13. STATE Rio Arriba 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"/>	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"/>	

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.)*

See Attached for Production Casing and Cement Summary.

RECEIVED
OCT 28 1987
OIL CON. DIV.
DIST. 3

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

SIGNED Dwayne Blansett

TITLE Production Superintendent

DATE October 22, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

MARCUS A NO. 14

Casing and Cement Summary

10-19-87

TD- 5681'. Ran 133 joints, 4 1/2", 10.50 lb., K-55 casing. Measured 565.76 , set at 5663.66. Float collar-5616.38 (KB), Stage collar- 4060 (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 325 sacks, (477 cu. ft.) 50-50 pozmix, 2% gel, 6 1/4 lbs. Gilsonite and 6 lbs. salt per sack. Plug down 8:15 p.m. 10-19-87.

Circulated cement by stage collar. Circulated 4 hours between stages.

Second stage - same spacer program as the first stage followed by 525 sacks, (1438 cu. ft.) 65-35 pozmix, 12% gel, 6 1/4 lbs. Gilsonite per sack followed by 50 sacks, (59 cu. ft.) Class "B" cement. Plug down 1:30 a.m. 10-20-87. Circulated 10 bbls. cement to surface.