

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR JACK A. COLE	8. FARM OR LEASE NAME RINCON
3. ADDRESS OF OPERATOR P. O. BOX 191, FARMINGTON, NEW MEXICO 87499	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1080 FNL x 2160 FWL	10. FIELD AND POOL, OR WILDCAT ESCRITO GALLUP EXT.
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE 1/4 NW 1/4 SEC. 30-T24N-R6W
15. ELEVATIONS (Show whether OP, RT, GR, etc.) 6716 CR 6731-KB	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	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(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 FRACTURE TREATMENT REPORT.

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OIL CON. DIV
DIST 3

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

SIGNED Phil L. Quinn TITLE PETROLEUM ENGINEER DATE 25 SEPTEMBER 1989

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
DEC 11 1989

*See Instructions on Reverse Side

Formation GALLUP Stage No. MARYE 1 REFRAC Date SEPTEMBER 13, 1989

Operator JACK A. COLE Lease and Well RINCON #1

Correlation Log Type GR-CCL From 5641' To 5250'

Temporary Bridge Plug Type TEMP. SAND PLUG BACK Set At 5540'

Perforations 5503'-5534'
6 Per foot type 9g JET SHOTS

Pad 50,000 gallons. Additives 75% N₂ FOAM

Water 72,500 gallons. Additives 70% N₂ FOAM

Sand 157,500 lbs. Size 20/40 ARIZONA

Flush 0-SCREEN-OUT gallons. Additives

Breakdown 2,210 psig

Ave. Treating Pressure 3,150 psig

Max. Treating Pressure 4,000 psig

Ave. Injection Rate 20 BPM

Hydraulic Horsepower 1,995 HHP

Instantaneous SIP 4,000 psig

5 Minute SIP 4,000 psig

10 Minute SIP 4,000 psig

15 Minute SIP 4,000 psig

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

Remarks: SCREEN OUT OCCURED WHEN 6 PP6 SAND STAGE REACHED PERFORATIONS.

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