

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

41 JUL 18 PM 1:43
070 FARMINGTON, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

JACK A. COLE

3. Address and Telephone No.

P. O. BOX 191, FARMINGTON NM 87499

505/325-1415

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1870' FSL X 800' FWL
NW/4 SW/4 Sec. 18
T24N R6W

5. Lease Designation and Serial No.

078562
SF-078526

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

LARGO SPUR "A"

8. Well Name and No.

1

9. API Well No.

300392505600S1

10. Field and Pool, or Exploratory Area

DEVIL'S FORK GALLUP

11. County or Parish, State

RIO ARRIBA, NEW MEXICO

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☒ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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OIL CON. DIV.
DIST. 3

13. 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.)

RECOMPLETION TO PICTURED CLIFFS ZONE

- 1) PULL ROVS X TUBING
- 2) SET CIBP 50' ABOVE GALLUP PERFS. X DUMP 5 ft³ SAND ON PLUG
- 3) PERF PICTURED CLIFFS INTERVAL (2022' - 2013') w/ 4 JSPP
- 4) FRAC PERF INTERVAL w/ 40 M GAL TO QUALITY FORM X 60 M 16 20/40 SAND.
- 5) FLOWBACK X CLEAN OUT.
- 6) TEST PRODUCTION RATES X RETURN WELL TO PRODUCTION.

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

Signed

Title

Operator

Date

7/15/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

APPROVED

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

AMACON

IN REPLY REFER TO:
(07337)

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT
FARMINGTON DISTRICT OFFICE
1235 La Plaza Highway
Farmington, New Mexico 87401

Attachment to Notice of

Re: *Plug Back*

Well: *1 Largo Spur "A"*

CONDITIONS OF APPROVAL

. Mike Flaniken with the Farmington Office is to be notified at least 24 hours before the *Plug Back* operations commence (505) 599-3907.

. The following modifications to your *Plug back* program are to be made (when applicable):

1.) *Pressure test CIBP and casing.*

Office Hours: 7:45 a.m. to 4:30 p.m.