

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 5. LEASE DESIGNATION AND SERIAL NO. Contract No. 55-A |
| 2. NAME OF OPERATOR JACK A. COLE | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache |
| 3. ADDRESS OF OPERATOR P. O. Box 191 Farmington, N.M. 87401 | 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 1520'FSL, 1620'FEL | 8. FARM OR LEASE NAME Indian Bend |
| 14. PERMIT NO. | 9. WELL NO. 7 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7295'GL | 10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-T23N-R3W N.M.P.M. |
| | 12. COUNTY OR PARISH Sandoval |
| | 13. STATE N.M. |

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"/> | 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 PLANS <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.



FOR: JACK A. COLE

18. I hereby certify that the foregoing is true and correct
SIGNED EWELL N. WALSH TITLE President, Walsh Engr. & Production Corp. DATE 10/9/81
(This space for Federal or State office use)

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

*See Instructions on Reverse Side

BY Shm

Formation Cliffs Stage No. 1 Date 10/1/81

Operator JACK A. COLE Lease and Well Indian Bend No. 7

Correlation Log Type GR-CCL & Cement Bond From 2973' To 860'

Temporary Bridge Plug Type Halliburton E-Z Drill Set At 2960

Perforations 2928-30, 4 holes 2934'-40' 2 holes
2932'-34' 2 holes, 24 holes
2 holes per foot type Bull Jets

FOAM FRAC
Pad Foam 6,000 gallons. Additives 2% KCL

Foam 45,000 gallons. Additives 2% KCL

Sand 84,000 lbs. Size 10/20

Flush - Foam 2,100 gallons. Additives 2% KCL

Breakdown 1270 psig Nitrogen 417,400 SCF

Ave. Treating Pressure 1320 psig

Max. Treating Pressure 1450 psig

Ave. Injection Rate 6 BPM

Hydraulic Horsepower 194 HHP

Instantaneous SIP 1300 psig

5 Minute SIP 1180 psig

10 Minute SIP 1170 psig

15 Minute SIP 1170 psig

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

Remarks: Ball off with 40 balls. Down 2-3/8" tubing below packer.
at 5 BPM with 1350 psig. Did not ball off. **Walsh** ENGINEERING & PRODUCTION CORP.
Breakdown at 1800 psig.

