

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR
JACK A. COLE

3. ADDRESS OF OPERATOR
P. O. Box 191 Farmington, N.M. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790'FSL, 790'FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF

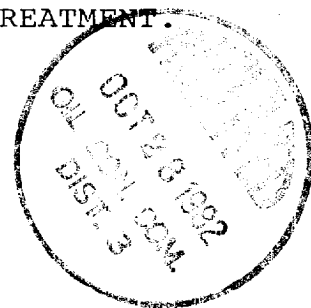
RECEIVED
OCT 27 1982
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
SF-078915
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Mobil Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Chacon Dakota Associated
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35-T24N-R3W
N.M.P.M.
12. COUNTY OR PARISH
Rio Arriba
13. STATE
N.M.
14. API NO.
30-043-20657
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7062' G.L.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

FOR: JACK A. COLE
18. I hereby certify that the foregoing is true and correct
ORIGINAL SIGNED BY President, Walsh
SIGNED EWELL N. WALSH TITLE Engr. & Prod. DATE 10/26/82
Ewell N. Walsh, PE

(This space for Federal or State office use)

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

NMOCC

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

OCT 27 1982

FARMINGTON DISTRICT
nv 8-2-83

Formation Dakota "A" Stage No. 1

Date 10/21/82

Operator JACK A. COLE Lease and Well Mobil Federal #1

Correlation Log Type GR & CCL From 7470' To 5900'

Temporary Bridge Plug Type _____ Set At _____

Perforations 7160' - 7201'
1 Per foot type 3-1/2" Glass Jets

Pad 15,000 gallons. Additives 1% KCL. 2 lbs.
FR-20 per 1000 gallons.

Water 100,000 gallons. Additives 1% KCL, 2 lbs.
FR-20 per 1000 gallons. 15 lbs. Adomite per
1000 gallons in first 50,000.

Sand 100,000 lbs. Size 20-40

Flush 4,800 gallons. Additives 1% KCL, 2 lbs.
FR-20 per 1000 gallons.

Breakdown 2300 psig

Ave. Treating Pressure 3150 psig

Max. Treating Pressure 3460 psig

Ave. Injecton Rate 50 BPM

Hydraulic Horsepower 3860 HHP

Instantaneous SIP 1700 psig

5 Minute SIP 1550 psig

10 Minute SIP 1450 psig

15 Minute SIP 1420 psig

Ball Drops: 0 Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig

Remarks: (2 hours 1000 psig)

Walsh ENGINEERING & PRODUCTION CORP.