

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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Jack A. Cole	8. FARM OR LEASE NAME Marcus A
3. ADDRESS OF OPERATOR P.O. Box 191, Farmington, New Mexico 87499	9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1680' FSL 750' FEL	10. FIELD AND POOL, OR WILDCAT Lybrook Gallup
	11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA NE SE Sec. 35-T24N-R7W
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether of top of well or of resource area)	13. STATE 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 ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(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.)*

6-4-87 Spud 2:30 P.M. Ran 6 joints 8 5/8, 24.0 lb. J-55 casing. Measured 260.28. Cemented at 274.28 with 250 sacks (295 cu. ft.) Class "B", 3% CaCl and 1/4 lb. Flocele per sack. Plug down 11:00 P.M. 6-4-87. Circulated 10 bbls. cement to surface.

6-5-87 Pressure test casing and BOP to 500 psi for 15 minutes. Test okay.

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

SIGNED Dominique Blencett

TITLE Production Superintendent DATE June 2, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

FARMINGTON RESOURCE AREA

BY

Smm

*See Instructions on Reverse Side