

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-58873
2. NAME OF OPERATOR JACK A. COLE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. BOX 191, FARMINGTON, NEW MEXICO 87499		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 1880' FSL, 930' FEL		8. FARM OR LEASE NAME RINCON
14. PERMIT NO.		9. WELL NO. 11
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 7098' GR 7110' KB		10. FIELD AND POOL, OR WILDCAT ESCRITO GALLUP
		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA NE 1/4 SE 1/4 SEC. 31-T24N-R6W
		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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

RELL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

CEMENT 4 1/2" CASING

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 CASING AND CEMENT SUMMARY.

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

SIGNED Dwayne Blansett

TITLE PRODUCTION SUPERINTENDENT

DATE JULY 5, 1989

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCD

ACCEPTED FOR RECORD

JUL 07 1989

FARMINGTON RESOURCE AREA

BY KH

*See Instructions on Reverse Side

Casing and Cement Summary

6-30-89

TD-5995'. Ran 141 joints, 4 1/2", 11.60 lb., J-55 casing.
Measured 5980.07, set at 5992.07 Float collar-5949.57 (KB),
Stage collar-4290.22 (KB). First stage cemented as follows:

Pump 10 bbls. fresh water, 10 bbls. CaCl_2 water, 10 bbls.
fresh water, 12 bbls. Flocheck-21, 10 bbls. water spacer
followed by 275 sacks, (409 cu. ft.) 50-50 pozmix, 2% gel,
6 1/4 lbs. Gilsonite and 6 lbs. salt per sack. Plug down
3:00 P.M. 7-1-89.

Circulated cement by stage collar. Circulated 4 hours between
stages.

Second stage - same spacer program as the first stage
followed by 325 sacks, (890 cu. ft.) 65-35 pozmix, 12%
gel, 6 1/4 lbs. Gilsonite per sack followed by 50 sacks,
(59 cu. ft.) Class "B" cement. Plug down 7:45 P.M.
7-1-89. Circulated 5 bbls. cement.

RECEIVED
JUL 1 1989
C. L. ...