

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Jack A. Cole	8. FARM OR LEASE NAME Rincon
3. ADDRESS OF OPERATOR P. O. Box 191, Farmington, New Mexico 87499	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1080' FNL, 2160' FWL	10. FIELD AND POOL, OR WILDCAT Escrito Gallup Ext.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6717 GR 6729 KB
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE 1/4 NW 1/4 Sec. 30-T24N-R6W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Surface Casing</u>	<input checked="" 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.)*

4-26-89 Spud 1:45 P.M. Run 6 joints 8 5/8", 24.0 lb., J-55 casing. Measured 257.59', set at 271.59'. Cemented with 250 sacks (295 ft.) Class B, 3% CAC1 and 1/4 lb. Flocele per sack. Plug down 10:30 P.M. 4-27-89. Circulated 26 bbls. cement.

4-27-89 Pressure test casing and BOP to 600 psi for 15 minutes. Test okay.

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

SIGNED Laverne Blansett

TITLE Production Superintendent

DATE May 2, 1989

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE

MAY 08 1989

FARMINGTON RESOURCE AREA

AMOCO

*Sec Instructions on Reverse Side

BY KH