

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 100-1185
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF 080202B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS ☐ OTHER ☐
WELL WELL

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

8. FARM OR LEASE NAME

JACK A. COLE

RINCON

3. ADDRESS OF OPERATOR

9. WELL NO.

P. O. BOX 191, FARMINGTON, NEW MEXICO 87499-0191

15

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

LYBROOK GALLUP

360' FNL x 1850' FEL

11. SEC. R. 2. 4. OR BLK. AND
SURVEY OR AREA

NW/4 NE/4

SEC. 35-T24N-R7W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)

6963' GR

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

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) RE-SEED

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☒

(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 perti-
nent to this work.) *

AUGUST 30, 1991 - RESEEDED LOCATION.

RECEIVED

OCT 2 1991

OR GEN. DIV.
F.B.

ACCEPTED FOR RECORD
FARMINGTON RESOURCE AREA

OCT 07 1991

FARMINGTON, NEW MEXICO
BY SK

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

SIGNED

Jack A. Cole

TITLE

OPERATOR

DATE

SEPT. 24, 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCD