

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Contract No. 412

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chacon Jicarilla

9. WELL NO.

12

10. FIELD AND POOL OR WILDCAT
Ballard Pictured
Cliffs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 9-T23N-R3W
N.M.P.M.

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Dave M. Thomas, Jr.

3. ADDRESS OF OPERATOR

P.O. Box 2026, Farmington, New Mexico 87401

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

790'FNL, 790'FEL

14. PERMIT NO.

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

7322'GL, 7333'DF, 7334'KB

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

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☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐

REPAIRING WELL

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☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

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 pertinent to this work.)*

See Attached for Fracture Treatment

For: Dave M. Thomas, Jr.

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

SIGNED

Ewell N. Walsh, P.E.

President, Walsh Engineering
& Production Corp.

DATE Aug. 16, 1978

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

FRACTURE TREATMENT

Formation Pictured Cliffs Stage No. 1 Date 8-14-78

Operator Dave M. Thomas, Jr. Lease and Well Chacon Jicarilla No. 12

Correlation Log Type Gamma Ray Collar From 3172' To 2500'

Temporary Bridge Plug Type ---- Set At ----

Perforations 3124-30, 3136-41, 3148-58, 3162-68
1 Per foot type 3 1/2" Glass Strip Jets

Pad 5,500 gallons. Additives 2% Kcl. 2 lbs.
FR-20 per 1000 gallons.

Water 65,300 gallons. Additives 2% Kcl. 2 lbs.
FR-20 per 1000 gallons. 1 gallon Howco Suds per
1,000 gallons in last 40,000 gallons water.

Sand 70,000 lbs. Size 20/40

Flush 2,700 gallons. Additives 2% Kcl. 2 lbs.
FR-20 & 1 gallon Howco Suds per 1,000 gallons
water.

Breakdown 3,500 psig

Ave. Treating Pressure 1,000 psig

Max. Treating Pressure 1,050 psig

Ave. Injecton Rate 44 BPM

Hydraulic Horsepower 1,078 HHP

Instantaneous SIP 500 psig

5 Minute SIP 400 psig

10 Minute SIP 400 psig

15 Minute SIP 400 psig

Ball Drops: 6 Balls at 20,000 gallons 0# psig
6 Balls at 45,000 gallons 25# psig
 Balls at gallons psig

AUG 1978

Remarks: