

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. 55-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chacon Jicarilla Apache "D"

9. WELL NO.

105

10. FIELD AND POOL, OR WILDCAT

Chacon Dakota Associated

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 36-T23N-R3W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE

Sandoval

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

DAVE M. THOMAS, JR.

3. ADDRESS OF OPERATOR

P. O. Box 2026 Farmington, N.M. 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'FWL

14. PERMIT NO.

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

7326'G.L., 7339'D.F., 7340'K.B.

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) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☒

SHOOTING OR ACIDIZING ☐

(Other) ☐

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 FRACTURE TREATMENTS.



FOR: DAVE M. THOMAS, JR.

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

SIGNED

Ewell N. Walsh, P.E.

TITLE

President, Walsh Engr.
& Prod. Corp.

DATE

8/29/79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED

SEP 4 1979

*See Instructions on Reverse Side

Formation Dakota "A" Stage No. 2

Date 8/28/79

Operator DAVE M. THOMAS, JR. Lease and Well Chacon Jicarilla Apache "D" No. 105

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type Howco Speed-E-Line Set At 7240'
7142'-7184' and 7200' - 7207'.

Perforations 1 Per foot type 3-1/2" Glass Strip

Pad 5,900 gallons. Additives 1% Kcl. 2 lbs.
FR-20 per 1000 gallons. 1 gallon Frac Flo per
1000 gallons. 15 lbs. Adomite Aqua per 1000 gal.

Water 76,500 gallons. Additives 1% Kcl. 2 lbs.
FR-20 per 1000 gallons. 15 lbs. Adomite Aqua
per 1000 gallons.

Sand 80,000 lbs. Size 20/40

Flush 5,000 gallons. Additives 1% Kcl. 2 lbs.
FR-20 per 1000 gallons.

Breakdown	<u>3600</u> psig	Four Shut In
Ave. Treating Pressure	<u>3400</u> psig	7:40 PM - 1500
Max. Treating Pressure	<u>3500</u> psig	8:40 PM - 1375
Ave. Injection Rate	<u>39</u> BPM	9:40 PM - 1275
Hydraulic Horsepower	<u>3250</u> HHP	10:40 PM - 1225

Instantaneous SIP 2300 psig - 6:40 PM

5 Minute SIP 1800 psig

10 Minute SIP 1700 psig

15 Minute SIP 1650 psig

Ball Drops:	_____	Balls at _____	gallons _____	psig _____
				increas
	_____	Balls at _____	gallons _____	psig _____
				increas
	_____	Balls at _____	gallons _____	psig _____
				increas

RECEIVED

Remarks: Started Treatment with 1 lbs. sand per gallon - SEP 1/4 1979 sand per
gallon @ 20,000 gallons and 1-1/2 lb. per **Walsh** gallon @ 46,000 gallons. ENGINEERING & PRODUCTION CORP.