

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078521
2. NAME OF OPERATOR PETROLEUM CORPORATION OF TEXAS		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 911 Breckenridge, Texas 76024		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  1030'FSL, 1810'FEL		8. FARM OR LEASE NAME Federal
14. PERMIT NO.		9. WELL NO. 1-R
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6604'GL, 6615'DF, 6616'KB		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T25N-R9W N.M.P.M.
		12. COUNTY OR PARISH San Juan
		13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

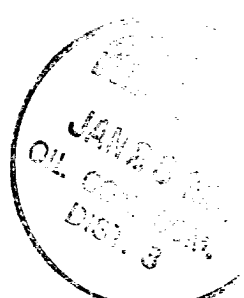
ABANDONMENT\*

(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: PETROLEUM CORPORATION OF TEXAS

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

ORIGINAL SIGNED BY

President, Walsh Engr.

SIGNED

Ewell N. Walsh, P.E.

TITLE & Production Corp.

DATE 1/19/81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side

# FRACTURE TREATMENT

Formation Dakota Stage No. I Date 1/14/81

Operator PETROLEUM CORP. OF TEXAS Lease and Well Federal 21, No. 1-F

Correlation Log Type GR-CCL From 6510' To 6000'

Temporary Bridge Plug Type None Set At \_\_\_\_\_

Perforations 6366'-6390'  
1 Per foot type 3-1/2" Glass Jet

Pad 10,000 gallons. Additives 2 lbs.  
FR-20 per 1000 gallons. 1 gallon Frac Flo per  
1000 gallons. 15 lbs. Adomite per 1000 gallons.

Water 60,000 gallons. Additives 2 lbs.  
FR-20 per 1000 gallons. 15 lbs. Adomite per  
1000 gallons.

Sand 60,000 lbs. Size 20/40

Flush 4,310 gallons. Additives 2 lbs.  
FR-20 per 1000 gallons.

Breakdown 2600 psig

Ave. Treating Pressure 3300 psig

Max. Treating Pressure 3490 psig

Ave. Injection Rate 42 BPM

Hydraulic Horsepower 3397 HHP

Instantaneous SIP 2200 psig

5 Minute SIP 1950 psig

10 Minute SIP 1810 psig

15 Minute SIP 1740 psig

Ball Drops: 4 Balls at 40,000 gallons 50 psig  
 \_\_\_\_\_ Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig  
 \_\_\_\_\_ Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig  
 \_\_\_\_\_ Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig

Remarks: \_\_\_\_\_