

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-078530
2. NAME OF OPERATOR M.J. BRANNON	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3417 Hulen Street, Suite 124 Ft. Worth, Texas 76107	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 1850'FSL, 1800'FEL	8. FARM OR LEASE NAME Federal 20
14. PERMIT NO.	9. WELL NO. 1-R
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6675'G.L.	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-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 <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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.) *

SEE ATTACHED FOR FRACTURE TREATMENT.



FOR: M. J. BRANNON

18. I hereby certify that the foregoing is true and correct
SIGNED EWELL N. WALSH TITLE President, Walsh Engr. & Production Corp. DATE 7/21/81
Ewell N. Walsh, P.E.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

FRACTURE TREATMENT

Formation Dakota Stage No. I Date 7/8/81

Operator M. J. BRANNON Lease and Well Federal 20, NO 1-R

Correlation Log Type GR & CCL From 6545' To 6100'

Temporary Bridge Plug Type _____ Set At _____

Perforations 6405'-17' 6432'-34'
6421'-26' 1 per foot 6437'-39' 2 per foot
 _____ Per foot type 3-1/2" Glass Jets

Pad 12,000 gallons. Additives % Kcl. lbs
FR-20 per 1000 gallons. 1 gallon Frac Flo per
1000 gallons. And 15 lbs. Adomite per 1000 gal. ball off.

Water 80,000 gallons. Additives 2 lbs
FR-20 per 1000 gallons. 15 lbs. Adomite per 1000
gallons in first 30,000 gallons.

Sand 80,000 lbs. Size 20/40

Flush 4,300 gallons. Additives % Kcl. 2 lbs.
FR-20

Breakdown 2100 psig

Ave. Treating Pressure 3000 psig

Max. Treating Pressure 3200 psig

Ave. Injection Rate 51 BPM

Hydraulic Horsepower 3750 HHP

Instantaneous SIP 1750 psig

5 Minute SIP 1520 psig

10 Minute SIP 1490 psig

15 Minute SIP 1360 psig

Ball Drops: 6 Balls at 60,000 gallons 0 psig
 _____ Balls at _____ gallons _____ psig increa
 _____ Balls at _____ gallons _____ psig increa
 _____ Balls at _____ gallons _____ psig increa

Remarks: _____

Walsh ENGINEERING & PRODUCTION CORP.

