

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.

SF-078309

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 29

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 29-T25N-R9W  
N.M.P.M.

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

1. OIL ☐ GAS ☒ OTHER  
WELL WELL

2. NAME OF OPERATOR

M. J. BRANNON

3. ADDRESS OF OPERATOR

3417 Hulen Street, Suite 124 Ft. Worth, Texas 76107

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

990'FNL, 1780'FEL

14. PERMIT NO.

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

6664'G.L.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(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: M. J. BRANNON

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

President, Walsh Engr.  
& Production Corp.

ORIGINAL SIGNED BY

SIGNED

Ewell NEWELL

TITLE

DATE

7/21/81

(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 7/14/81

Operator M. J. BRANNON Lease and Well Federal 29, No.

Correlation Log Type GR & CCL From 6458' To 6100'

Temporary Bridge Plug Type \_\_\_\_\_ Set At \_\_\_\_\_

Perforations 6347-66' 1 per foot; 6374'-76'; 6380'-85'  
2 holes per foot  
Per foot type 3-1/2" Glass Jets

Pad 12,000 gallons. Additives 1 gallon frac  
flo per 1000 gallons. Ball off. 15 lbs.  
Adomite per 1000 gallons

Water 80,000 gallons. Additives 2 lbs. FR-20  
per 1000 gallons and 1 gallon frac flo per 1000  
gallons in first 30,000 gallons.

Sand 80,000 lbs. Size 20/40

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

Breakdown 1700 psig

Ave. Treating Pressure 3500 psig

Max. Treating Pressure 3550 psig

Ave. Injection Rate 43 BPM

Hydraulic Horsepower 3689 HHP

Instantaneous SIP 2350 psig

5 Minute SIP 2225 psig

10 Minute SIP 2100 psig

15 Minute SIP 2000 psig

Ball Drops: 0 Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig  
 \_\_\_\_\_ Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig  
 \_\_\_\_\_ Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig

Remarks: 30 minute shut in pressure - 1600. 0 - balls due to pressure  
job complete 3:30 PM

**Walsh** ENGINEERING & PRODUCTION CORP.

