

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
NM-12028

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

8. Well Name and No.

CHACO PLANT #5

9. API Well No.

30-045-21884

10. Field and Pool, or Exploratory Area

WAW FRUITLAND SAND PC

11. County or Parish, State

San Juan, N.M.

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

J. K. EDWARDS ASSOCIATES, INC.

3. Address and Telephone No. c/o Walsh Engr. & Prod. Corp.

204 N. Auburn Farmington, N.M. 87401 505 327-4892

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1500' FNL, 960' FWL
Section 21, T26N, R12W NMPM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other FRAC
 Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 6/30/93

Well turned on 7/13/93

5 MCF/d



FOR: J. K. EDWARDS ASSOCIATES, INC.

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

Signed Paul C. Thompson

Title Paul C. Thompson, Agent

Date 10/20/93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

ACCEPTED FOR RECORD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any Department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

FARMINGTON DISTRICT OFFICE

NMOCD

FRACTURE TREATMENT

Formation WAW-FR SAND PC Stage No. _____

Date 6/30/93

Operator J. K. EDWARDS ASSOCIATES, INC. Lease and Well CHACO PLANT #5

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type _____ Set At _____

Perforations Existing Perfs 1141'-1149
Per foot type _____

Pad 2,226 gallons. Additives 70% N2 foam.
Fluid contained 20#/1000 gal linear gel, surfactant,
bacteriacide, foamer & enzyme breaker.

Water _____ gallons. Additives _____

Sand 15,000 lbs. Size 12/20 at 1 - 4 ppg.

Flush _____ gallons. Additives _____

Breakdown _____ psig

Ave. Treating Pressure 1700 psig

Max. Treating Pressure 1750 psig

Ave. Injecton Rate 15 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 950 psig

5 Minute SIP 740 psig

10 Minute SIP 690 psig

15 Minute SIP 650 psig

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

Remarks: TOTAL FLUID 105 BBLs.

Walsh ENGINEERING & PRODUCTION CORP.