

Form 3160-5
(June 1990)

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

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

J. K. EDWARDS ASSOCAITES, INC. OGRID 011307

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

7415 E. Main Farmington, New Mexico 87402

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

790'FSL & 790'FEL
Section 1, T26N, R13W

5. Lease Designation and Serial No.

SF-080238A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Chaco #5

9. API Well No.

10. Field and Pool, or Exploratory Area

NIIP Pictured Cliffs

11. County or Parish, State

San Juan County, N.M.

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 See Below

☐ 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.)*

5/10/95 Re-perforate Pictured Cliffs 1165-1169' and 1174-1192' with
1 spf and frac as per attached treatment.

RECEIVED
JUN - 9 1995

OIL CON. DIV.
DIST. 8

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

Signed Paul C. Thompson

Title Paul C. Thompson, Agent

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

ACCEPTED FOR RECORD

Date 5/30/95

JUN 05 1995

Date _____

NMOCD

FARMINGTON DISTRICT OFFICE
BY 211

It is made to any department or agency of the United States any false, fictitious or fraudulent statement

FRACTURE TREATMENT

Formation PC Stage No. 1 Date 5/10/95

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

Correlation Log Type GR/CCL From _____ To _____

Temporary Bridge Plug Type _____ Set At _____

Perforations 1165'-1169 1174'-1192
1 Per foot type 22 (0.32"holes)

Pad 7,650 gallons. Additives 70% nitrogen foam.
All fluid was produced water with 20#/1000 linear gel,
foamer, pH buffers, bacteriacide and enzyme breakers.

Water _____ gallons. Additives _____

Sand 35,900 lbs. Size 20/40 at 1/2 to 3.0 ppg.

Flush _____ gallons. Additives _____

Breakdown _____ psig

Ave. Treating Pressure 1800 psig

Max. Treating Pressure 2290 psig

Ave. Injecton Rate 25 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 620 psig

5 Minute SIP 550 psig

10 Minute SIP 500 psig

15 Minute SIP 450 psig

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

Remarks: _____

Walsh ENGINEERING & PRODUCTION CORP.