

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 ASSOCIATES, INC.

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

7415 E. Main Farmington, N.M. 87402 505 327-4892

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

1850'FSL & 1850'FWL
Section 7, T26N, R12W

5. Lease Designation and Serial No.

NM-22046

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Chaco #2R

9. API Well No.

30-045-23691

10. Field and Pool, or Exploratory Area

WAW FTS/PC

11. County or Parish, State

San Juan Co., 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.)*

SEE ATTACHED FRACTURE TREATMENT

RECEIVED
MAR 20 1995
OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

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

Signed

Paul C. Thompson

Title Paul C. Thompson, Agent

Date 2/17/95

(This space for Federal or State office use)

MAR 15 1995

Approved by

Conditions of approval, if any:

Title

Date

FARMINGTON DISTRICT OFFICE

BY

2/18

FRACTURE TREATMENT

Formation Pictured Cliff Stage No. 1Date 1/31/95Operator J. K. EDWARDS ASSOCIATES INC. Lease and Well Chaco #2-R

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type _____ Set At _____

Perforations 1132-1142' (Existing Perfs)
_____ Per foot type _____Pad 7000 gallons. Additives 70% Nitrogen foam.
All fluid was produced water with 20# of linear gel/1000
gall, foamer, bateriacide, ph buffers and enzyme breaker.

Water _____ gallons. Additives _____

Sand 5800# 40/70 at 1/2-1 ppg
27100# 20/40 lbs. Size at 1-3 ppg
6000# 12/20 at 3 ppgFlush _____ gallons. Additives _____
Flushed to top perf with water

Breakdown _____ psig

Ave. Treating Pressure 1800 psigMax. Treating Pressure 2050 psigAve. Injecton Rate 30 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 550 psig5 Minute SIP 510 psig10 Minute SIP 480 psig15 Minute SIP 470 psigBall Drops: _____ Balls at _____ gallons _____ psig
increase
_____ Balls at _____ gallons _____ psig
increase
_____ Balls at _____ gallons _____ psig
increaseRemarks: TOTAL FLUID - 230 bbls TOTAL NITROGEN - 212,000 SCFDropped foam quality to 65% during 2 ppg stage
due to high pressure.**Walsh** ENGINEERING & PRODUCTION CORP.