

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

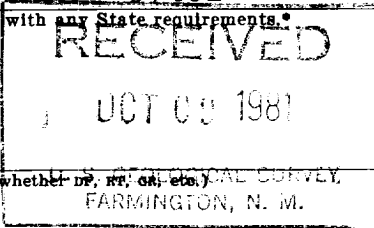
SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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-078622
2. NAME OF OPERATOR LIVELY EXPLORATION COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR c/o Walsh Engr. & Prod. Corp. P. O. Box 254 Farmington, N.M. 87401	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 310' FSL, 2390' FWL	8. FARM OR LEASE NAME Lively
14. PERMIT NO.	9. WELL NO. 19-E
15. ELEVATIONS (Show whether Dr. Ht. or G.L.) 6325' G.L.	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12-T26N-R8W 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"/>		<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"/>		<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: LIVELY EXPLORATION COMPANY

18. I hereby certify that the foregoing is true and correct
ORIGINAL SIGNED BY President, Walsh Engr.
SIGNED Ewell N. Walsh & Production Corp. DATE 10/8/81
Ewell N. Walsh, P.E.

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

OCT 12 1981

NMOC

BY Dean Elliott

Formation Dakota Stage No. 1 Date September 2, 1981

Operator Lively Exploration Company Lease and Well Lively 19-E

Correlation Log Type GR & CCL From 6852 To 6000

Temporary Bridge Plug Type _____ Set At _____
6686-91, 6702-04, 6706-08, 6736-38, 6748-52,
Perforations 6761-63, 6795-97, 6799-6804, 6814-18

1 & 2 Per foot type 3 1/2 Glass Jet

Pad 9,200 gallons. Additives 2 lbs. FR-20
per 1000 gallons, 15 lbs. Adomite per 1000, 1
gallon frac-flo per 1000 and 2% Potassium Chloride

Water 80,000 gallons. Additives 2lbs. FR-20
per 1000 gallons, 15 lbs. Adomite per 1000 gallo
and 2% Potassium Chloride to 30,000

Sand 80,000 lbs. Size 20/40

Flush 4700 gallons. Additives 2 lbs. FR-2
per 1000 gallons

Breakdown 2200 psig Pad 1000 gallons acid & displace

Ave. Treating Pressure 3500 psig

Max. Treating Pressure 3700 psig

Ave. Injecton Rate 45 BPM

Hydraulic Horsepower 3860 HHP

Instantaneous SIP 1900 psig

5 Minute SIP 1750 psig

10 Minute SIP 1650 psig

15 Minute SIP 1600 psig

Ball Drops: 6 Balls at 40,000 gallons 100 psig
incre
3 Balls at 6,000 gallons 50 psig
incre
Balls at _____ gallons _____ psig
incre

Remarks: Fair ball action on ball off but fail to ball off 100%

Walsh ENGINEERING & PRODUCTION CORP.

