

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 16470

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Bengal A #4R

9. API Well No.
30-045-24524

10. Field and Pool, or Exploratory Area
Gallegos FR Sand & PC

11. County or Parish, State
San Juan County, N.M.

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

J. K. EDWARDS ASSOCIATES INC. 0011307

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)

890'FNL & 1850'FWL
Section 1, T26N, R12W

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

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

Signed Paul C. Thompson

Title Paul C. Thompson, PE Agency

Date

(This space for Federal or State office use)

Approved by

Conditions of approval, if any

Title

FEB 28 1990

MOOD

FARMINGTON DISTRICT OFFICE

FRACTURE TREATMENT

Formation Gallegos PC Stage No. 1 Date 1/26/95Operator J. K. EDWARDS ASSOCIATES INC. Lease and Well Bengal A #4R

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type _____ Set At _____

Perforations 1251'-1406'
_____ Per foot type _____Pad 7000 gallons. Additives 70% nitrogen foam,
All fluid produced water with 20# of linear gel/1000 gal
foamer, bateriacide, ph buffers and enzyme breaker.

Water _____ gallons. Additives _____

Sand 6000# 40/70 at 1/2-1 ppg
28000# 20/40 lbs. Size at 1-3 ppgFlush 6000# 12/20 at 3 ppg
_____ gallons. Additives _____

Breakdown _____ psig

Ave. Treating Pressure 1100 psigMax. Treating Pressure 1180 psigAve. Injecton Rate 30 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 620 psig5 Minute SIP 540 psig10 Minute SIP 520 psig15 Minute SIP 510 psigBall Drops: _____ Balls at _____ gallons _____ psig
increase
_____ Balls at _____ gallons _____ psig
increase
_____ Balls at _____ gallons _____ psig
increaseRemarks: Total fluid 236 bbls. Total nitrogen 195,000 scf.Walsh ENGINEERING & PRODUCTION CORP.