

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. SF-080238 A
2. Name of Operator J. K. EDWARDS ASSOCIATES, INC. 011307	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. c/o Walsh Engr. & Prod. Corp. 7415 E. Main Farmington, N.M. 87402 505 327-4892	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1850'FSL & 1750'FWL Section 1, T26N, R13W	8. Well Name and No. Chaco Ltd. #1-J 9. API Well No. 30-045-25134 10. Field and Pool, or Exploratory Area WAW FRUITLAND/PC 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	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other See Below	<input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water <small>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>

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.)*

1/30/95 Treated well with 500 gallons of 7-1/2% HCl and displaced with 6 bbls of water.

RECEIVED
FEB 24 1995
OIL CON. DIV.
DRLS

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

Signed Paul C. Thompson Title Paul C. Thompson, Agent Date 2/15/95

(This space for Federal or State office use)

Approved by _____ Title _____ Date FEB 22 1995

Conditions of approval, if any: _____

NMCCD

CERTIFIED FOR RECORD
FARMINGTON DISTRICT OFFICE