In Lieu of Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

(June 1990)	BUREAU OF LAN	D MANAGEMENT	Expires: March 31, 1993							
		D REPORTS ON WELLS								
Do not use ti	his form for proposals to drill or to deepen or re									
PERMIT-"	for such proposals									
			Lease Designation and Serial No.							
			NO-G-9606-1302							
			6. If Indian, Allottee or Tribe Name							
			Navajo							
	CLIDATT IN	FRIPLICATE								
	SOBNIT II	INFLICATE	7. If Unit or CA, Agreement Designation							
	Type of Well	_	8. Well Name and No.							
	☐ Oil Well] Other	Stacey #2							
2. N	Name of Operator		9. API Well No.							
T	hompson Engineering and Production Corp).								
3. A	Address and Telephone No. C/O Walsh Engi	neering & Production Corp	10. Field and Pool, or Exploratory Area							
	7415 East Main Farmington, NM 87402	505-327-4892	10. Field and Pool, or Exploratory Area Basin Fruitland Coal							
	Location of Well (Footage, Sec., T., R., M., or S	• •	11. County or Parish, State							
	2045' FNL & 790' FEL, Sec. 6, T26N, R12V		San Juan County, NM.							
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA										
	TYPE OF SUBMISSION	ТҮРЕ	TYPE OF ACTION							
	☐ Notice of Intent	☐ Abandonment	☐ Change of Plans							
		☐ Recompletion	☑ New Construction							
☑ Subsequent Report ☐ Plugging Back		☐ Plugging Back ☐ Casing Repair	☐ Non-Routine Fracturing							
	☐ Final Abandonment	☐ Water Shut-Off ☐ Conversion to Injection								
		☐ Altering Casing ☐ Other	☐ Dispose Water							
			(Note: Report results of multiple completion on							
			Well Completion or Recompletion Report and Log form.)							
13. E	Describe Proposed or Completed Operations (C	learly state all portinent details and give neutinent detay is	cluding estimated date of starting any proposed work. If well							
15.	s directionally drilled, give subsurface location	s and measured and true vertical depths for all markers and	zones pertinent to this work.)*							
		·	•							
Completed well according to the attached treatment report.										
r		v. custicato repert.								
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			<u>-</u>							
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14. I										
_	PICH	n 10 m								
S	signed /aut C. / hours	(Paul C. Thompson) Title President	Date							
		-	A DESCRIPTION OF ANDA							
(This space for Federal or State office use) Approved by			ACCEPTED FOR RECORD Date							
		Title								
Conditions of approval, if any:			SEP 1 9 1997							

FRACTURE TREATMENT

Formation Basin FTC Stage	No	1		Date 9/	15/97	
Operator THOMPSON ENGR. & PROD	. CORP.		Lease a	nd Well_S	Stacey #2	
Correlation Log	Туре	GR/CCL	Fre	om 1236	То	900
Temporary Bridge Plug	Туре_				Set At	· .
Perforations	1101 - 1119 2 Per foot type Total of 36 (0.32") holes					
Pad	10,000		gallons.		es20#_L	
Water Nitrogen	256 Foamer 356,00	, Enzyme	barrels Breaker, Pi	Additive Buffers &	es 20# Lin Biocide	ear Gel,
Sand			lbs. Siz	e 207		
Flush			gallons.			
Breakdown	1200	psi	g			
Ave. Treating Pressure	1800	psi	g			
Max. Treating Pressure	2100	psi	g			
Ave. Injecton Rate	25	BPM				
Hydraulic Horsepower		ННР				
Instantaneous SIP	1600	psi	g			
5 Minute SIP	1330	psi	g			
10 Minute SIP	1307	psi	g			
15 Minute SIP	1297	psi	g			
Ball Drops:	None	Bal	ls at	gall	ons	_psig increase
-	 	Bal	ls at	gall	.ons	_psig
-		Bal	ls at	gall	.ons	increaso _psig increaso
Remarks:				sh	TING & PHODUCT	