

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

BRECK OPERATING CORPORATION

3. Address and Telephone No. c/o Walsh Engr. & Prod. Corp. 505 327-4892
204 N. Auburn Farmington, New Mexico 87401

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

Unit B, 990'FNL, 1650'FEL
Section 3-T27N-R10W N.M.P.M.

5. Lease Designation and Serial No.

SF-077382

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Kutz Government #6

9. API Well No.

30-045 0693400

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

11. County or Parish, State

San Juan, New Mexico

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 for Fracture Treatments

RECEIVED
JUN 2 1992
OIL CORP. DIST. 9

RECEIVED
BLM
JUN 18 AM 11:25
OIL CORP. DIST. 9, N.M.

FOR: BRECK OPERATING CORPORATION

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

Signed Paul C. Thompson
(This space for Federal or State office use)

Title _____ Agent

Date 6/17/92

Approved by _____
Conditions of approval, if any:

Title _____

ACCEPTED FOR RECORD
Date _____

JUN 1 1992

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statement or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

NMOCD

FARMINGTON RESOURCE AREA
BY Smn

FRACTURE TREATMENT

Formation Basin Fruitland Stage No. 1 Date 6/4/92
Coal

Operator BRECK OPERATING CORPORATION Lease and Well Kutz Government #6

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type _____ Set At _____

Perforations 1904-1920'
2 Per foot type 0.50"

Pad 10,000 gallons. Additives 70% N2 foam.
Fluid contained 20# linear gel, foamer, enzyme breaker
and bacteriacide in city water.

Water 314 bbl total ~~packings~~. Additives 70% N2 foam.
Fluid contained 20# linear gel, foamer, enzyme breaker,
and bacteriacide in city water.

Sand 8,000 40/70
34,000 lbs. Size 20/40

Flush Incl. above gallons. Additives _____
Same as above.

Breakdown _____ psig

Ave. Treating Pressure 2800 psig

Max. Treating Pressure 3400 psig

Ave. Injecton Rate 25 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 550 psig

5 Minute SIP 400 psig

10 Minute SIP 400 psig

15 Minute SIP 390 psig

Ball Drops: None Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig

Remarks: Lyons inflatable packer at 1875'. Fraced through 2-7/8" tubing.

Walsh ENGINEERING & PRODUCTION CORP

FRACTURE TREATMENT

Basin _____ Formation Fruitland Coa Stage No. 2 Date Kutz Government #6

Operator _____ Lease and Well _____

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type Owens 7" Set At 1860' KB

Perforations 1723-1728'; 1806-1821'; 1837-1846'
2 Per foot type 0.50"

Pad 10,000 gallons. Additives 70% N2 foam.
Fluid contained 20# linear gel, foamer, enzyme breaker
and bacteriacide.

Water 470 total bbls ~~gallons~~. Additives 70% N2 foam.
Fluid contained 20# linear gel, foamer, enzyme breaker
and bacteriacide.

Sand 5,250 # 40/70
100,000 # 20/40 lbs. Size _____

Flush 75 bbls ~~gallons~~. Additives 70% N2 foam.
Fluid contained 20# linear gel, foamer, enzyme breaker
and bacteriacide.

Breakdown _____ psig

Ave. Treating Pressure 1300 psig

Max. Treating Pressure 1340 psig

Ave. Injection Rate 40 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 950 psig

5 Minute SIP 820 psig

10 Minute SIP 850 psig

15 Minute SIP 850 psig

Ball Drops: None Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig

Remarks: _____

Walsh ENGINEERING & PRODUCTION CORP