

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. 8F-047039A
2. Name of Operator BRECK OPERATING CORPORATION	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. c/o Walsh Engr. & Prod. Corp. 204 N. Auburn Farmington, New Mexico 87401 (505) 327-4892	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650'FNL, 990'FWL Unit E Section 20, T28N, R10W	8. Well Name and No. Kutz Government #9
	9. API Well No. 30-045-07341
	10. Field and Pool, or Exploratory Area Basin Fruitland Coal
	11. County or Parish, State San Juan, 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 type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

RECEIVED
JUN 25 1993
OIL CON. DIV
\DIST. 3

RECEIVED
BLM
93 JUN 22 AM 8:04
070 FARMINGTON, NM

FOR: BRECK OPERATING CORPORATION

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

Signed Paul C. Thompson Title Paul C. Thompson, Agent Date 6/16/93
(This space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

JUN 23 1993

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 or fraudulent statement or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

BY 201

NMOCD

Basin
Formation Fruitland Coal Stage No. 1 Date 6/14/93
Operator Breck Operating Corporation Lease and Well Kutz Government #9C

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type 7" Retrievable Set At 1960'
1974-1992'

Perforations 4 Per foot type 0.50"

Pad 10,000 70% N2 gallons. Additives 20#/1000 gallon
linear gel, foamer, bactericide, ph buffer and enzyme
breaker.

Water 14,100 total gallons. Additives _____
469,700 SCF N2.

Sand 10,000 40/70
40,000 20/40 lbs. Size _____

Flush _____ gallons. Additives _____

Breakdown _____ psig

Ave. Treating Pressure 2300 psig

Max. Treating Pressure 2550 psig

Ave. Injection Rate 35 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 850 psig

5 Minute SIP 790 psig

10 Minute SIP 750 psig

15 Minute SIP 730 psig

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

Remarks: _____

_____ **Walsh** ENGINEERING & PRODUCTION CORP

Basin Fruitland Coal FRACTURE TREATMENT
Formation Stage No. 2 Date 6/15/93
Operator Breck Operating Corporation Lease and Well Kutz Government 9C
Correlation Log Type _____ From _____ To _____
Temporary Bridge Plug Type _____ Set At _____
Perforations 1921-1924'; 1914-1917'; 1844-1856'
4 Per foot type 0.50"
Pad 10,000 70% N2 gallons. Additives 20#/1000 gallo
linear gel, foamer, bactericide, ph buffer and enzyme
breaker.
Water 14,100 water gallons. Additives _____
611,792 SCH N2
Sand 10,000# 40/70
40,000# 20/40 lbs. Size _____
Flush _____ gallons. Additives _____
Breakdown _____ psig
Ave. Treating Pressure 1850 psig
Max. Treating Pressure 1950 psig
Ave. Injecton Rate 40 BPM
Hydraulic Horsepower _____ HHP
Instantaneous SIP 1430 psig
5 Minute SIP 1320 psig
10 Minute SIP 1290 psig
15 Minute SIP 1280 psig
Ball Drops: None Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig

Remarks: _____

_____ **Walsh** ENGINEERING & PRODUCTION CORP.