

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

GF-047039(B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Day "J"

9. WELL NO.

3-R

10. FIELD AND POOL, OR WILDCAT

Fulcher Kutz
Pictured Cliffs

11. SEC., T., E., M., OR BLK. AND
SURVEY OR AREA

Sec. 8-T28N-R10W
N.M. P.M.

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Petroleum Corporation of Texas

3. ADDRESS OF OPERATOR

P. O. Box 911 Brechenridge, Texas 76024

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

790' FSL, 790' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5789' G.L., 5799' D.F., 5800' KB

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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 Treatment



For: Petroleum Corporation of Texas

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

SIGNED

Ewell N. Walsh

TITLE

Ewell N. Walsh, P.E.

President, Walsh Engineering
& Prod. Corporation

6/26/78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FRACTURE TREATMENT

Stage No. 1

Date 6/15/78

Operator Petroleum Corporation of Texas Lease and Well Day "J" 3R

Correlation Log Type GR-Collar From 2082 to 800

Temporary Bridge Plug Type None Set At _____

Perforations 1946-52, 1955-59 & 1963-78
1 per foot type 3 1/2" Glass Strip Jets 25

Pad 6000 gallons. Additives 2% Kcl
pad 70 quality foam

~~Water~~ Treatment 25,000 gallons. Additives 2% Kcl and
70 quality foam

Sand 40,000 lbs. Size 20/40

Flush 1400 gallons. Additives 2% Kcl and
70 quality foam

Breakdown 3000 psig

Ave. Treating Pressure 1350 psig

Max. Treating Pressure 1440 psig

Ave. Injection Rate 20.0 BPM

Hydraulic Horsepower 239 HHP

Instantaneous SIP 1300 psig

5 Minute SIP 1230 psig

10 Minute SIP 1200 psig

15 Minute SIP 1160 psig

Ball Drops: 5 Balls at 12,000 gallons 0 psig
5 Balls at 20,000 gallons 0 psig
5 Balls at 21,366 gallons 0 psig

Remarks: Used 348, 292 scf. Nitrogen

Walsh ENGINEERING & PRODUCTION CORP.