

NEW MEXICO OIL CONSERVATION COMMISSION

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| | |
|--------------------------------|---|
| 5a. Indicate Type of Lease | |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

| | | |
|---|-----------------------------------|---------------------------------|
| OIL WELL <input type="checkbox"/> | GAS WELL <input type="checkbox"/> | OTHER- Salt Water Disposal Well |
| Name of Operator BASIN DISPOSAL INC. | | |
| Address of Operator c/o Walsh Engr. & Prod. Corp. P. O. Drawer 419 Farmington, New Mexico 87499 | | |
| Location of Well UNIT LETTER <u>F</u> <u>2207</u> FEET FROM THE <u>North</u> LINE AND <u>1870</u> FEET FROM THE <u>West</u> LINE, SECTION <u>3</u> TOWNSHIP <u>29N</u> RANGE <u>11W</u> NMPM. | | |

| |
|-----------------------------------|
| 7. Unit Agreement Name |
| 8. Farm or Lease Name Disposal |
| 9. Well No. 1 |
| 10. Field and Pool, or Wildcat |
| 12. County San Juan |

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|--|
| 15. Elevation (Show whether DF, RT, GR, etc.) 5710'GL |
|--|

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

| | |
|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| FULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> |

| | |
|---|--|
| SUBSEQUENT REPORT OF: | |
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> Fracture Treatment |

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

SEE ATTACHED FOR FRACTURE TREATMENT.

I, I hereby certify that the information above is true and complete to the best of my knowledge and belief.

FOR: BASIN DISPOSAL, INC.

President, Walsh Engr. &
Prod. Corp.

DATE 3/30/88

ORIGINAL SIGNED BY
EWELL N. WALSH

TITLE

Original Signed by CHARLES Gholson

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE MAR 30 1988

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

Mesa Verde
Formation Cliff House Stage No. 1 Date 3/25/88

FRACTURE TREATMENT

Operator Basin Disposal, Inc. Lease and Well Disposal No. 1

Correlation Log Type Gamma Ray-Collar From 3836' To 2900'

Temporary Bridge Plug Type None Set At _____

Perforations 3652'-3657'; 3663'-3676'; 3685'-3698'
4 Per foot type 4" Jolson D.P.

Pad 20,000 gallons. Additives None

Water 110,124 gallons. Additives None

Sand 43,700 lbs. Size 20-40

Flush 3,780 gallons. Additives None

Breakdown 1850 psig

Ave. Treating Pressure 2000 psig

Max. Treating Pressure 3000 psig

Ave. Injecton Rate 45.0 BPM

Hydraulic Horsepower 3308 HHP

Instantaneous SIP 1500 psig

5 Minute SIP 800 psig

10 Minute SIP 700 psig

15 Minute SIP 650 psig

Ball Drops: NONE Balls at _____ gallons _____ psig
inerea
_____ Balls at _____ gallons _____ psig
inerea
_____ Balls at _____ gallons _____ psig
inerea

Remarks: Balled off perforations with 150 rubber balls in 2000 gallons 7-1/2% Acid.

Walsh ENGINEERING & PRODUCTION CORP.