

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		5. Lease Designation and Serial No. NM 0468126
		6. If Indian, Allottee or Tribe Name
		7. If Unit or CA, Agreement Designation
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Callow #1R	
2. Name of Operator Thompson Engineering and Production Corp.	9. API Well No. 30-045-29474	
3. Address and Telephone No. C/O Walsh Engineering & Production Corp. 7415 East Main Farmington, NM 87402 505-327-4892	10. Field and Pool, or Exploratory Area West Kutz Pictured Cliffs	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1850' FSL & 790' FEL, Sec. 27, T29N, R13W, Unit I	11. County or Parish, State San Juan County, NM.	

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 type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<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.)*

Ran CBL and found top of cement at 540'. Fraced well according to the attached treatment report.

RECEIVED
SEP. 22 1997

OIL CON. DIV.
DIST. 3

RECEIVED
SEP 22 1997

OIL CON. DIV.
DIST. 3

RECEIVED
BLM
97 SEP 18 PM 1:13
070 FARMINGTON, NM

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

Signed Paul C. Thompson (Paul C. Thompson) Title President Date 09/17/97

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

ACCEPTED FOR RECORD

SEP 19 1997

FARMINGTON DISTRICT OFFICE

FRACTURE TREATMENT

Formation W Kutz P.C. Stage No. 1 Date 9/9/97

Operator THOMPSON ENGR. & PROD. CORP. Lease and Well Callow #1R

Correlation Log Type GR/CCL & CBL From 1549 To 180

Temporary Bridge Plug TOC = 540'
Type _____ Set At _____

Perforations 1477 - 1491' Total of 28 (0.32") holes
2 Per foot type _____

Pad 10,000 gallons. Additives 20# Linear Gel
in 70% Nitrogen Foam

Water 266 barrels Additives 20# Linear Gel,
Foamer, Enzyme Breaker, PH Buffers, Clay Stabilizers
and Biocide

Nitrogen 337,000 SCF
Sand 52,000 lbs. Size 20/40

Flush Incl in above gallons. Additives _____

Breakdown 1500 psig

Ave. Treating Pressure 1800 psig

Max. Treating Pressure 3000 psig

Ave. Injecton Rate 20 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 1250 psig

5 Minute SIP 1200 psig

10 Minute SIP 1200 psig

15 Minute SIP 1190 psig

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

Remarks: Pumped 1000 gal. of 7 1/2⁹⁰ HCI in two 500 gal. stages ahead of pad.

Walsh ENGINEERING & PRODUCTION CORP.

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BLM
97 SEP 18 PM 1:13
OTO FARMINGTON, NM