

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. NM-23044
2. Name of Operator Edwards Energy Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. C/O Walsh Engineering & Production Corp. 7415 East Main Farmington, NM 87402 505-327-4892	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 560' FSL & 1800' FWL, Section 32, T31N, R4W	8. Well Name and No. Schalk 32 #2
	9. API Well No. 30-039-26227
	10. Field and Pool, or Exploratory Area Basin Fruitland Coal
	11. County or Parish, State Rio Arriba 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.)*

10/28/99 Fraced well according to attached treatment report.

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

Signed Paul C. Thompson Title Agent Date November 3, 1999

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

ACCEPTED FOR RECORD
Date _____

NOV 09 1999

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 statements or representations as to any matter within its jurisdiction.

NM360

FARMINGTON FIELD OFFICE
BY [Signature]

FRACTURE TREATMENT

Formation BASIN FRUITLAND Stage No. 1 Date 10/28/99
Coal

Operator Edwards Energy Corporation Lease and Well Schalk 32 #2

Correlation Log Type EBL GR/CCL/Neutron From 3888 To 3000

Temporary Bridge Plug Type N/A Set At _____

Perforations 3678-83'; 3708'-11; 3738'-66'
4 Per foot type Total of 144 (0.36"O holes

Pad _____ gallons. Additives _____

Water 63,764 gallons. Additives _____
20# Delta 140 Frac Fluid

Sand 300,000 lbs. Size 12/20 Ottawa

Flush _____ gallons. Additives _____

Breakdown 2470 psig

Ave. Treating Pressure 1855 psig

Max. Treating Pressure 2470 psig

Ave. Injecton Rate 63.4 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 693 psig

5 Minute SIP 612 psig

10 Minute SIP 557 psig

15 Minute SIP 512 psig

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

Remarks: Broke down perfs with 1000 gal of 15% Hcl

Walsh ENGINEERING & PRODUCTION CORP.