

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☒ well ☐ other

2. NAME OF OPERATOR
BASIN MINERALS, INC.

3. ADDRESS OF OPERATOR C/O Walsh Engr. & Prod. Corp.
P. O. Drawer 419 Farmington, N.M. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790'FSL, 1750'FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) _____	

5. LEASE
SF-078097

6. IF INDIAN, ALLOTTEE OR TRIBE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Aztec Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-T31N-R11W
N.M.P.M.

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5812'G.L.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

FOR: BASIN MINERALS, INC.

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

SIGNED EWELL N. WALSH Walsh Engr. & Prod. DATE 7/15/83
Ewell N. Walsh, P.E. President

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 26 1983

* See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

BY Sm

Information Cliffs Stage No. I

Date 7/12/83

Operator BASIN MINERALS, INC. Lease and Well Federal No. 1

Correlation Log Type GR & CCL From 2589' To 1400'

Temporary Bridge Plug Type None Set At _____

Perforations 2441'-2448'; 2415'-2423'
2 Per foot type 3-1/8 Bull Jets

Pad 70/30
Quality Foam Frac 4,500 gallons. Additives 2% Potassium
Chloride

FRAC 30,000 gallons. Additives 2% Potassium
Chloride

Sand 54,000 lbs. Size 10/20

Flush 1,750 gallons. Additives 2% Potassium
Chloride

Breakdown 1950 psig

Ave. Treating Pressure 1140 psig

Max. Treating Pressure 1350 psig

Ave. Injection Rate 20 BPM

Hydraulic Horsepower 558 HHP

Instantaneous SIP 1170 psig

5 Minute SIP 1140 psig

10 Minute SIP 1060 psig

15 Minute SIP 1050 psig

Ball Drops: 15 Balls at 30,000 gallons 160 psig
 _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig

Remarks: Ball off perforations with 1000 gallons 7-1/2% HCL and 45 balls, had ball off.

RECEIVED
 JUL 27 1983
 OIL CON. DIV.
 DIST. 3

Walsh ENGINEERING & PRODUCTION CORP.

