

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  
M. J. BRANNON

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: 1830'FNL, 1840'FEL

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:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) \_\_\_\_\_

## SUBSEQUENT REPORT OF:

☐  
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☐  
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MAR 29 1985

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

BUREAU OF LAND MANAGEMENT  
FARMINGTON DISTRICT OFFICE

5. LEASE  
SE-078530

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Federal 20

9. WELL NO. 1-E

10. FIELD OR WILDCAT NAME  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-T25N-R9W  
N.M.P.M.

12. COUNTY OR PARISH San Juan 13. STATE N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6664'GL

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

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OIL CON. DIV.  
DIST. 3

Subsurface Safety Valve: Manual and Type

Set @ \_\_\_\_\_ Ft.

FOR: M. J. BRANNON

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

SIGNED M. J. Brannon Walsh Engr. & Production Corp.

3/28/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED FOR RECORD

\*See Instructions on Reverse Side

114000

Operator M. J. BRANNON Lease and Well Federal 20  
No. 1-E

Correlation Log Type Gamma Ray CCL From 6472' To 5372'

Temporary Bridge Plug Type Float Collar Set At 6480'  
6437'-6456'

Perforations 4 Per foot type 3-3/8" Hyper Jet

Pad 20,000 gallons. Additives Cross Link ea  
1,000 gallons contains J-362 Low Residue Gel,  
1 lb. J-218 Breaker, 168 lb. KCL & 1 gallon  
F-802

Water 77,242 gallons. Additives Cross Link ea  
1,000 gallons contains J-362 Low Residue Gel,  
1 lb. J-218 Breaker, 168 lb. KCL & 1 gallons  
F-802

Sand 120,500 lbs. Size 20-40

Flush 4,242 gallons. Additives 2% KCL and 1  
gallon F-802 per 1000 gallons

Breakdown 1700 psig

Ave. Treating Pressure 2100 psig

Max. Treating Pressure 2890 psig

Ave. Injection Rate 25 BPM

Hydraulic Horsepower 1287 HHP

Instantaneous SIP 2200 psig

5 Minute SIP 2010 psig

10 Minute SIP 1850 psig

15 Minute SIP 1770 psig

Ball Drops: On Ball Off 150 Balls at 4242 gallons 3000 psig  
inches  
Balls at gallons psig  
inches  
Balls at gallons psig  
inches

Remarks: Walsh ENGINEERING & PRODUCTION CO.