Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-045-29398

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. LG 3735

## 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.)

7. Lease Name or Unit Agreement Name: State

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: THOMPSON ENGR. & PROD. CORP.

8. Well No. 2R

3. Address of Operator: 7415 E. Main Farmington, New Mexico 87402

9. Pool name or Wildcat: WAW Fr. Sand - Pictured Cliffs

4. Well Location
Unit Letter P : 1000 Feet From The South Line and 790 Feet From The East Line

Section 2 Township 26N Range 13W NMPM SAN JUAN County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6030' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|---|---|---|---|
| PERFORM REMEDIAL WORK [ ] | PLUG AND ABANDON [ ] | REMEDIAL WORK [ ] | ALTERING CASING [ ] |
| TEMPORARILY ABANDON [ ] | CHANGE PLANS [ ] | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | | CASING TEST AND CEMENT JOB [ ] | |
| OTHER: [ ] | | OTHER: Completetion [X] | |

12. 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.

Completed WAW - FT Sand - Pictured Cliffs in the State #2R according to the attached Treatment Report.

RECEIVED
SEP 18 1997
OIL CON. DIV.
DIST. 3

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

SIGNATURE Paul C. Thompson TITLE President DATE 9/16/97

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE SEP 18 1997

CONDITIONS OF APPROVAL, IF ANY:

# FRACTURE TREATMENT

Formation WAW FTS - PC Stage No. 1 Date 9/9/97

Operator THOMPSON ENGR. & PROD. CORP. Lease and Well State #2R

**Correlation Log** Type GR/CCL From 1325 To 900

**Temporary Bridge Plug** Type _____ Set At _____

**Perforations** 1220 - 1225 Total of 20 holes
4 Per foot type 0.32"

**Pad** 10,000 gallons Additives 20# crosslinked gel in 70% $N_2$ Foam.

**Water** 241 barrels Additives 20# crosslinked Borate Gel, Foamer, Enzyme Breaker, PH Buffers, Clay Stabilizer & Biocide

**Sand** 50,000 lbs. Size 20/40

**Flush** Incl w/ above gallons. Additives _____

**Nitrogen** 333,000

**Breakdown** 2200 psig

**Ave. Treating Pressure** 1750 psig

**Max. Treating Pressure** 1880 psig

**Ave. Injecton Rate** 30 BPM

**Hydraulic Horsepower** 31 HHP

**Instantaneous SIP** 1240 psig

**5 Minute SIP** 1150 psig

**10 Minute SIP** 1000 psig

**15 Minute SIP** 970 psig

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

Remarks: Breakdown Perfs with 500 Gallons of 15% HCI

Walsh ENGINEERING & PRODUCTION CORP.