

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 33035	
2. NAME OF OPERATOR BK Petroleum, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 826 Farmington, NM 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 870' FSL and 835' FWL		8. FARM OR LEASE NAME Campbell	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5964' GR		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 9, T27N, R13W, NMPM	
		12. COUNTY OR PARISH San Juan	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Spud and casing report <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

10/22/91 Spudded 8 3/4" hole at 2:00PM 10/22/91. Drilled to 112' and ran 3 jts, 110.35' of 7" 20#, J-55, ST&C casing set at 112'. Cemented with 65 sks class B cement with 1/4# Flocele per sk and 2% CaCl₂ mixed at 15.6 ppg and 1.18ft³/sk. Plug down 6:00PM. Circulated 15 sks cem.

10/25/91 Reached T.D. of 1425'. Ran GR-Density, Neutron, Resistivity Caliper and S.P. logs.

10/26/91 Ran 35 jts, 1428.21' of 4 1/2", 11.6#, K-55, ST&C casing and set at 1425'. Cemented w/85 sks class B cement w/2% Thriftyment and 1/4# Flocele/sk mixed at 12.5 ppg and 2.06ft³/sk followed by 75 sks class B cem with 1/4# Flocele/sk and 2% CaCl₂ mixed at 15.6 ppg and 1.18ft³/sk. Plug down 11:15AM 10/26/91 Circ 18 sks cement.

RECEIVED
NOV 14 1991

OIL CON. DIV.

DIST. 3

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

SIGNED Mildred L. Kuchera TITLE ENGINEER

DATE 11/13/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE

NOV 12 1991

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side
NMOCD

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM-33035

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Campbell #4

9. API Well No.
30-045-28599

10. Field and Pool, or Exploratory Area
Basin Fruitland Coal

11. County or Parish, State
San Juan, N.M.

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
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
J. K. EDWARDS ASSOCIATES, INC.

3. Address and Telephone No./o Walsh Engr. & Prod. Corp.
204 N. Auburn Farmington, New Mexico 87401 (505) 327-4892

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
870'FSL & 835'FWL
Section 9, T27N, R13W Unit M

12. 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Fracture</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)

Perforate 1290'-1294' and 1298'-1308' - 4 spf and frac as per attached fracture treatment.

Testing well.

RECEIVED
MAR 3 1 1994
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
MAR 24 11:11:05
C/O FARMINGTON, NM

FOR: J. K. EDWARDS ASSOCIATES, INC.

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

Signed Paul C. Thompson

Title Paul C. Thompson, Agent

Date 3/14/94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

ACCEPTED FOR RECORD

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.

*See Instruction on Reverse Side

FARMINGTON DISTRICT OFFICE

BY MT

MMOCD

FRACTURE TREATMENT

Basin FR Coal Stage No. 1 Date 2/11/94

Operator J. K. EDWARDS ASSOCIATES Lease and Well Campbell #4

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type _____ Set At _____

Perforations 1290-94 & 1298-1308'
4 Per foot type 0.37" holes

Pad 20,000 gallons. Additives 70% N2 Foam.
All fluid contained 20# linear gel/1000 gal, ph buffer,
coal surfactant, bacteriacide, foamer and enzyme breaker.

Water _____ gallons. Additives _____

Sand 7,500 lbs. 40/70 at 1/2 - 1 ppg
24,300 lbs. Size 20/40 at 1-3 ppg

Flush _____ gallons. Additives _____

Breakdown _____ psig

Ave. Treating Pressure 1190 psig

Max. Treating Pressure 1320 psig

Ave. Injecton Rate 30 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 750 psig

5 Minute SIP 620 psig

10 Minute SIP 600 psig

15 Minute SIP 580 psig

Ball Drops: _____ Balls at _____ gallons _____ psig
 _____ increas
 _____ Balls at _____ gallons _____ psig
 _____ increas
 _____ Balls at _____ gallons _____ psig
 _____ increas

Remarks: Total N2 = 310,000 SCF Total Water = 318 bbls.

Walsh ENGINEERING & PRODUCTION CORP.