Form 3160-5 (June 1990)

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.

NOO-C-14-20-7469						
6.	If Indian,	Allottee or	Tribe	Name		

SUNDRY NOTICES AND REPORTS ON WELLS
o not use this form for proposals to drill or to deepen or reentry to a different reservoir

Do not use this form for proposals to dri Use "APPLICATION FOF	Navajo					
SUBMIT	7. If Unit or CA, Agreement Designation					
1. Type of Well Oil Well Well Other 2. Name of Operator J. K. EDWARDS ASSOCIATES INC 3. Address and Telephone No. c/o Walsh Engr. 204 N. Auburn Farmington, 1 4. Location of Well (Footage, Sec., T., R., M., or Survey Dec., T., P., M., or Survey Dec., T., R., M., or Survey D	8. Well Name and No. Inez #1 9. API Well No. 30-045-23838 10. Field and Pool, or Exploratory Area BASIN FRUITLAND COAL 11. County or Parish, State San Juan, New Mexico					
	CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO					
TYPE OF SUBMISSION Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other See Below	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)				
Perf 1086'1098' at 2 spf treatment.	all pertinent details, and give pertinent dates, including estimated date of stical depths for all markers and zones pertinent to this work.)* (24 holes 0.30") and frac as per at					
Testing Well.		RECEIVED RECEIVED				

INC. J. K. EDWARDS ASSOCIATES, 14. I hereby certify that the foregoing is true and correct 4/6/94 Paul C. Thompson - Agent Title (This space for Federal or State office use) Title Approved by ________ Conditions of approval, if any:

NMOCD

APR 1 5 1994

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 SWENISTON DISTRICTOR ASSERTING OF THE CONTROL OF T

FRACTURE TREATMENT Date 10/15/93 Formation BASIN FR COAL Stage No. 1 Operator J. K. EDWARDS ASSOCIATES, INC. Lease and Well Inez #1

(FORMERLY - Robert L. Bayless) Type GR/CCL From 1201' To 900' Correlation Log Temporary Bridge Plug _____Set At____ Type____ 1086'-1098' Perforations Per foot type 24 holes (0.30") gallons. Additives 70% N2 Foam Pad All fluid contained 20#/1000 gal linear gel, ph buffer, surfactant, foamer, bactericide and enzyme breaker in city water. Water _____ gallons. Additives____ 4,500 # 40/60 1/2 - 1 ppg 21,800 # 20/40 lbs. Size 1 - 2-1/2 ppg Sand 5,000 # 12/20 2-1/2 ppg _ gallons. Additives____ Flush Breakdown ____psig 1250 Ave. Treating Pressure psiq Max. Treating Pressure 1330 psig 20 Ave. Injecton Rate BPM Hydraulic Horsepower HHP 480 Instantaneous SIP psig 5 Minute SIP 450 psig 10 Minute SIP 450 psig 440 15 Minute SIP psig _____Balls at ____gallons ___psig Ball Drops: incre _____Balls at____gallons___psig incre _____Balls at ____gallons ___psig incre

Remarks:	Total f	luid 190	bbls.	. Total	N2 -	174,267	scf.	Preceeded	frac with	ı .
500 qallo	ons of 7-	1/2% HCL	and f	flushed	with		- <i>V</i>	alsh engin	HEERING & PH	ODUCTION CORP
2 2012 01	. water.									