

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
R. C. WYNN

3. ADDRESS OF OPERATOR Suite 3545
First International Bldg. Dallas, Texas 75270

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1700' FSL, 1800' 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:

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
NM-05791

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
FEDERAL "M"

9. WELL NO. 3

10. FIELD OR WILDCAT NAME
Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T27N-R8W
N.M.P.M.

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5855' G.L.

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: Manu. and Type _____ Set @ _____ Ft.

FOR: R. C. WYNN

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

SIGNED **EWELL N. WALSH** TITLE **Walsh Engr. & Prod. Corp.** DATE **3/6/84**
Ewell N. Walsh, PE President

(This space for Federal or State office use)

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

DATE **ACCEPTED FOR RECORD**

MAR 13 1984

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY **Sm**

FRACTURE TREATMENT

Formation Chacra Stage No. 1 Date 2/29/84

Operator R. C. WYNN Lease and Well Federal "M" No. 3

Correlation Log Type Welex GR From P.B.T.D. To 2700

Temporary Bridge Plug Type None Set At 3070'-3080'; 3100'-3106'; 3199'-3201'

Perforations 3215'-3217'

2 Per foot type 3-1/8" D. P. Tolson

Pad 10,000 gallons. Additives 2% Potassium Chloride and foamer

Water 45,000 gallons. Additives 2% Potassium Chloride and Nitrogen 70/30 Quality Foam

Sand 55,000 lbs. Size 20/40

Flush 2,700 gallons. Additives 2% Potassium Chloride and foamer

Breakdown 1250 psig

Ave. Treating Pressure 1700 psig

Max. Treating Pressure 3500 psig

Ave. Injecton Rate 20 BPM

Hydraulic Horsepower 2000 HHP

Instantaneous SIP 1540 psig

5 Minute SIP 1500 psig

10 Minute SIP 1490 psig

15 Minute SIP 1480 psig

Ball Drops: 45 7/8" Balls at 1000 gallons 2460 psig

10 Balls at 30 gallons 30 psig

 Balls at gallons psig

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OIL CON. DIV.
DIST. 3

Remarks: Job went very good. Very little increase in pressure on 2nd ball drop.

Walsh ENGINEERING & PRODUCTION CORP.