

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		5. Lease Designation and Serial No. NO-G-9602-1300
		6. If Indian, Allottee or Tribe Name Navajo
		7. If Unit or CA, Agreement Designation
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Stacey #1	
2. Name of Operator Thompson Engineering and Production Corp.	9. API Well No. 30-045-29396	
3. Address and Telephone No. C/O Walsh Engineering & Production Corp. 7415 East Main Farmington, NM 87402 505-327-4892	10. Field and Pool, or Exploratory Area WAW Fruitland Sand - PC	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 835' FSL & 1805' FEL, Sec. 6, T26N, R12W, Unit O	11. County or Parish, State San Juan County, NM.	

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	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input checked="" 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.)*

The well was completed according to the attached completion report.

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DIST. 3

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

Signed Paul C. Thompson (Paul C. Thompson) Title President Date 09/16/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____

ACCU...
SEP 1996

NMOCD

FARMINGTON DISTRICT OFFICE

FRACTURE TREATMENT

Formation WAW P.C. Stage No. 1 Date 9/3/96

Operator THOMPSON ENGR. & PROD. CORP. Lease and Well Stacey #1

Correlation Log Type GR/CCL From 1188 To 890

Temporary Bridge Plug Type _____ Set At _____

Perforations 1154 - 1160 and 1169 - 1175
2 Per foot type 0.37" Total of 24 holes

Pad 10,000 gallons. Additives 20# linear gel/
1000 gal, surfactant, foamer, bacteriacide, ph buffer and
enzyme breaker in 70% nitrogen foam.

Water 9700 gallons. Additives _____
70% nitrogen foam w/same additives as pad
Total N₂ = 301,150 SCF

Sand 50,000 lbs. Size 20/40 Arizona 1-4 774

Flush _____ gallons. Additives _____
Included in total volume

Breakdown _____ psig

Ave. Treating Pressure 2500 psig

Max. Treating Pressure 2700 psig

Ave. Injection Rate 25 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 1673 psig

5 Minute SIP 938 psig

10 Minute SIP 905 psig

15 Minute SIP 893 psig

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

Remarks: _____

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 SEPT. 6

Walsh ENGINEERING & PRODUCTION CORP.

PA