

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078863
2. NAME OF OPERATOR R & G DRILLING COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR c/o Walsh Eng. & Prod. Corp., PO Box 254, Farmington, NM 87401		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 1450' FNL, 1090' FEL		8. FARM OR LEASE NAME Krause
14. PERMIT NO.		9. WELL NO. 71
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6005' GR, 6019' DF, 6020' KB		10. FIELD AND POOL, OR WILDCAT Kutz Fruitland
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32-T28N-R11W N.M. P. M.
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

See Attached for Sandwater Fracture Treatment



FOR: R & G DRILLING COMPANY

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

SIGNED

Ewell N. Walsh, P. E.

TITLE

President, Walsh Engineering
& Production Corp.

DATE

4-2-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

774200C

FRACTURE TREATMENT

Formation Fruitland Stage No. IDate 3/27/79Operator R & G Drilling Lease and Well Krause No. 71Correlation Log Type GR & CCL From 1732' To 700'

Temporary Bridge Plug Type _____ Set At _____

Perforations 1630'-1638', 1576'-1582'
2 Per foot type 3 1/2" Glass JetPad 3,100 gallons. Additives 1 % Kcl. 2 lbs.
FR-20 per 1000 gallons. 1 gallon Howco Suds per
1000 gallons.Water 28,730 gallons. Additives 1% Kcl. 2lbs.
FR-20 per 1000 gallons. 1 gallons Howco Suds
per 1000 gallons.Sand 40,000 lbs. Size 20/40Flush 1,140 gallons. Additives 1% Kcl. 2lbs.
FR-20 & 1 gallon Howco Suds per 1000 gallons.Breakdown 2100 psigAve. Treating Pressure 1500 psigMax. Treating Pressure 2100 psigAve. Injection Rate 29 BPMHydraulic Horsepower 1066 HHPInstantaneous SIP 850 psig5 Minute SIP 820 psig10 Minute SIP 810 psig15 Minute SIP 800 psigBall Drops: 8 Balls at 15,000 gallons 70 psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig

Remarks: _____

Walsh ENGINEERING & PRODUCTION CORP.

nmoel