

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078415A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lively

9. WELL NO.

3-E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 9-T29N-R8W
N.M.P.M.

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

LIVELY EXPLORATION COMPANY

3. ADDRESS OF OPERATOR c/o Walsh Engineering & Prod. Corp.

P. O. Box 254, Farmington, N.M. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1790'FNL, 800'FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6435'GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

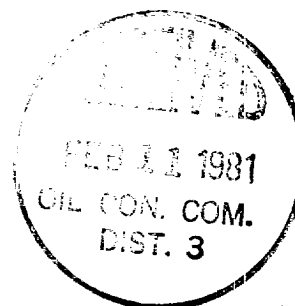
ABANDONMENT*

(Other)

(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 FRACTURE TREATMENT.



FOR: LIVELY EXPLORATION COMPANY

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

ORIGINAL SIGNED BY

SIGNED Ewell Ewell Walsh E.

TITLE President, Walsh Engr.

& Production Corp.

DATE 2/6/81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

FRACTURE TREATMENT

Formation Dakota Stage No. 1 Date 1/31/81

Operator Lively Exploration Co. Lease and Well Lively 3-E

Correlation Log Type GR-CCL From 7508 To 6900

Temporary Bridge Plug Type - Set At -

Perforations 7384' to 7424'
1 Per foot type 3 1/2 Glass Strip Jet

Pad - gallons. Additives 2 % Kcl. 2 lbs.
FR-20 per 1000 gallons. 1 gallon Frac Flo per
1000 gallons. 15 lbs. Adomite per 1000 gallons

Water 80,000 gallons. Additives 2 % Kcl. 2 lbs.
FR-20 per 1000 gallons. 15 lbs. Adomite per
1000 gallons

Sand 80,000 lbs. Size 20-40

Flush 5,000 gallons. Additives 2 % Kcl. 2 lbs.
FR-20 & gallon Frac Flo per 1000 gallons.

Breakdown 565 psig 1-30-81 Breakdown perforations,
displace 250 gallons 15% MCA
Ave. Treating Pressure 2850 psig 1-31-81 Pump 1000 gallons 15% MCA
with 50 balls at 20 barrels per minute
Max. Treating Pressure 2850 psig at 900 psig. Partial ball off. Had
good ball action.

Ave. Injecton Rate 47 BPM Ran junk basket. Recovered 50 balls.

Hydraulic Horsepower 3283 HHP

Instantaneous SIP 1000 psig

5 Minute SIP 840 psig

10 Minute SIP 710 psig

15 Minute SIP 630 psig

Ball Drops: 10 Balls at 40,000 gallons 100 psig
increas
10 Balls at 60,000 gallons 150 psig
increas
Balls at gallons psig
increas

Remarks: _____

Walsh ENGINEERING & PRODUCTION CORP.