

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  
LAURENCE C. KELLY

3. ADDRESS OF OPERATOR C/o Walsh Engr. & Prod.  
P. O. Box 254 Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1490'FSL, 1560'FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

5. LEASE  
SF-077754

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Kelly Brothers

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Blanco Pictured Cliffs

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA  
Section 8-T30N-R10W

12. COUNTY OR PARISH  
San Juan

13. STATE  
N.M.

14. API NO.  
30-045-25161

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6405'GL

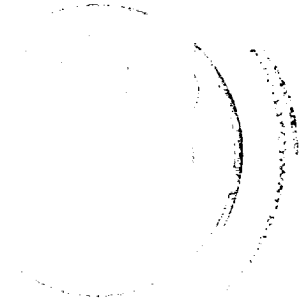
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	

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

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 FRACTURE TREATMENT.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

FOR: JACK A. COLE

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

SIGNED EWELL N. WALSH ORIGINAL SIGNED BY EWELL N. WALSH TITLE President, Walsh Engr. & Prod. Corp. DATE 9/17/81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

SMC

Formation Cliffs Stage No. 1 Date 9/16/81

Operator LAURENCE C. KELLY Lease and Well Kelly Bros. No. 2

Correlation Log Type GR-CCL From 3115' To 1700'

Temporary Bridge Plug Type \_\_\_\_\_ Set At \_\_\_\_\_

Perforations 3006'-3015'; 3020'-3025';

3060'-3063'; 3065'-3068'; 3084'-3090'

1 Per foot type 3-1/8" Bull Jets

Pad - FOAM FRAC Foam 6,000 gallons. Additives 2% KCL

Foam 45,000 gallons. Additives 2% KCL

Sand 79,000 lbs. Size 10-20

Flush - Foam 2,100 gallons. Additives 2% KCL

Breakdown 2125 psig

Ave. Treating Pressure 1650 psig Nitrogen - 600,000 SCF

Max. Treating Pressure 1680 psig

Ave. Injection Rate 7 BPM

Hydraulic Horsepower 283 HHP

Instantaneous SIP 1240 psig

5 Minute SIP 1210 psig

10 Minute SIP 1200 psig

15 Minute SIP 1200 psig

Ball Drops: NONE Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig

\_\_\_\_\_ Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig

\_\_\_\_\_ Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig

Remarks: Ball off with 45 balls in 1000 gallons - 7-1/2% HCL

*Walsh* ENGINEERING & PRODUCTION CORP.

