OIL CONS. COMMISSION

Form Approved. Budget Bureau No. 42-R1424

DEPARTMENT OF THE NEBBORNEW MEXICO 88240E **GEOLOGICAL SURVEY**

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	110	00010	1 (1)			
6.	IF IN	DIAN, ALL	OTTEE	OR	TRIBE	NAME

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
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(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	X XX	gas well		other	
2.	NAM	IE OF	OPERA	TOR		
	WOR	LDWID	E EN	ERGY	CORPORATION	
_						

3. ADDRESS OF OBERATOR

1700 Broadway, Denver, Colorado 80290
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

below.) AT SURFACE:

1980' FSL, 330' FEL, Sec. 28-

T-23S-R36E

AT TOP PROD. INTERVAL: Same

REPORT, OR OTHER DATA

AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE

NATURE	OF	NOTICE.

7.	UNIT AGREEMENT NAME
8.	FARM OR LEASE NAME
	J.T. Lynn
9.	WELL NO.
	#1
10.	FIELD OR WILDCAT NAME
	Jalmat
11.	SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Sec. 28-T23S-R36E
12.	COUNTY OR PARISH 13. STATE

14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD)

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF XXX FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

SUBSEQUENT REPORT OF:

(NOTE: Report

01: 6 0:45 U.S. GEOLOGICAL SUMMEY

Lea

3365 G.L.

11:45CO

sults of multiple con change dn Form 9-330.)

New Mexico_

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.)*

Worldwide proposes to fracture treat existing Yates-Tansil formation perforations (3086-88', 3090-3100', 3110-14', 3118-20', 3132-36', 3142-48', 3152-56', 3162-68', 3174-78') using these materials:

- 64,000 gals fluid 50% gelled water and 50% CO2
- Propping Agent 8,000# 20/40 sand and 72,000# 10/20 sand

Well to be fracture treated down casing @ 30 BPM. Load fluids to be flowed, swabbed and pumped back as needed. Well will be tested after load recovered.

It is proposed to fracture treat this well on or about 4/26/82.

Subsurface Saf	fety Valve: Manu. and Type	Set (@ Ft.
	ertify that the foregoing is true and correct Senior Product	tion DATE4/5/82	· · · · · · · · · · · · · · · · · · ·
(Orig.	TITLE	e use)	
CONDITIONS OF	APPROVAL, IF ANY: APR 19 1982 FOR JAMES A. GILLHAM DISTRICT SUPERVISOR *See Instructions on Reverse Si	de	