

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 ☐ gas ☐ other ☒ Water Injection

2. NAME OF OPERATOR
Basin Fuels, Ltd.

3. ADDRESS OF OPERATOR
300 W. Arrington, Suite 300, Farmington, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1480' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☐

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON* ☐ ☐

(other) Convert to water injection ☒

5. LEASE
NM 0555841

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Slick

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Franciscan Lake - Mesa Verde

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec 7, T20N, R5W

12. COUNTY OR PARISH
McKinley

13. STATE
NM

14. API NO.

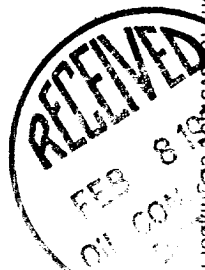
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6742 Ground

(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.)*

June, July, 1978. Install water injection surface equipment. Wait on Jemez Electric for primary electric lines.

8-7-78: Commenced water injection at 2:00 PM at rate of 409 BWPD at 425 psi.



Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Jack D. Cook TITLE Agent DATE 2-5-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: