

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
Basin Fuels, Inc. *LLC*
3. ADDRESS OF OPERATOR
300 W. Arrington, Suite 300, Farmington, NM87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FSL & 330' FWL
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 <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) _____	

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.)*

7-6-78: MIRUPU. Ran CCL & CBL. Top cement 1330'. Perforate Point Lookout 2642-52' w/2 jets/ft. Swab dry. Acidize w/500 gal. 15% HCl. Swab @ final rate of 2.0 BWPH - 2% oil. Set CIBP @ 2595'. Perforate Menefee 2116-2126 w/2 jets/ft. Swab test. Swab dry. Acidize w/500 gal. 15% HCl. Swab 1/2 BFPH - 50% oil. Fracture perforations 2116-2126 w/14,000 gal. 40# gelled oil containing 6,000# 100 mesh sand & 12,000# 20-40 mesh sand. Max. & min. treating pressure 1200 & 1080 psi. Immed. SIP 900 psi, decreased to 820 psi in 15 min. Acidizing rate 15 BPM. Swab test. Set production equipment.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED *Jack D. Cook* TITLE Agent DATE 8-25-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

AUG 28 1978

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.