

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
Dietrich Exploration Co.

3. ADDRESS OF OPERATOR Denver, Co 80202
602 Midland Saving Bldg, 444 Seventeenth St.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 480' FNL & 1680' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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) ☐	☐

5. LEASE
N00-14-C-20-5603

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hat Tah E Yazza

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Lybrook Ga Flup Ext

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec 8, T23N, R7W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB AND WD)
7054 GL, 7067 KDB

(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.)*

Gallup formation was perforated as follows: 5380-86', 5498-5505', 5515-5517', 5531-33, 5544-48, 5562-64, 5576-77, 5581-89. All perforations were 0.45 in. d. and 2 shots per foot.
The interval was acidiaed with 1200 gal. 15% MCA, using ball sealers.

Fracture treatment consisted of 124,700 gal. Halliburton Super E emulsion carrying 156,000 lb 10-20 and 72,000 lb 20-40 sand. The average pressure was 3350 psi at 31 bpm; instant shut-in was 1250 psi.
After a 2 day shut-in period, load recovery by flowing and pumping was 100%.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED John Alexander TITLE Agent DATE 4-4-78

(This space for Federal or State office use)

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