

SUNDRY NOTICES AND REPORTS ON WELLS

5. LEASE	
SF 078001-B	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
Huerfano Unit	
8. FARM OR LEASE NAME	
Huerfano Unit	
9. WELL NO.	
132	
10. FIELD OR WILDCAT NAME	
Basin Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA	
Sec. 2, T26N, R10W	
N.M.P.M.	
12. COUNTY OR PARISH	13. STATE
San Juan	New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	
6711' GL	

- | | | | |
|--------------------------|--------------------------|-----------------------|--------------------------|
| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input 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) Check for casing leak

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

- It is proposed to set a cement retainer at approximately 6500' to check for a possible casing leak.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED H. E. M. - Unal TITLE Production Eng. DATE August 25, 1983

(This space for Federal or State office use)

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

APPROVED

AUG 25 1983

M. MILLENBACH
AREA MANAGER

***See Instructions on Reverse Side**

NMOCC