

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., INC.

3. ADDRESS OF OPERATOR
444 17th St., Denver, Colo. 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' /N & 1850' /E
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	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input checked="" 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)			

5. LEASE
NOO-14-20-8376

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
USK YE NI TAH BLACKIE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
DIETRICH EXPLORATION 28G

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
WAW PICTURED CLIFF - FRUITLAND

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
28, T26N, R12W

12. COUNTY OR PARISH
SAN JUAN

13. STATE
NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6064 GL

(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.)*

Move in swab unit and swabbed 2 7/8" casing dry. Ran casing collar gamma ray log and perforated Pictured Cliffs formation 1100' with 2 shots/ft. Opened well to atmosphere and flow tested at 330 MCFD. Shut well in and wait on pipeline connection. Work complete on 12/01/79..

Subsurface Safety Valve: Manu. and Type _____ Ft.

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

SIGNED John Alexander TITLE AGENT DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCG

*See Instructions on Reverse Side

BY _____

