Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 602 Midland Savings Bldg.
444 17th St., Denver, Colorado 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850'/S & 1850'/E
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

5. LEASE
NOO-14-20-8374

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SAMMIE NEAL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
DIETRICH EXPLORATION 28

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
WAW PC - 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)
6088 GL

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)			

(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.)*

Moved in swabbing unit and swabbed well dry. Ran casing collar-gamma ray log and perforated Pictured Cliffs interval 1092'-1102' with 2 shots/ft. Flowed well to atmosphere and tested at 459 MCFD. Shut well in to wait on pipeline connection.

RECEIVED
JAN 24 1980
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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

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

SIGNED John Alexander TITLE AGENT DATE January 22, 1980
JOHN ALEXANDER

(This space for Federal or State office use)

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

NMOCC

~~OPERATOR~~

*See Instructions on Reverse Side

RECORD
FEB 08 '80
FARMINGTON DISTRICT
BY