

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
Husky Oil Company

3. ADDRESS OF OPERATOR
600 S. Cherry;; Denver, Colo. 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL & 1650' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
SF 080382-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Schwerdtfeger

9. WELL NO.
13

10. FIELD OR WILDCAT NAME
West Kutz Canyon PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 5-27N-11W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

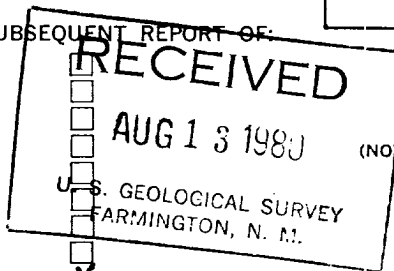
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6078 GR

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) remedial work

SUBSEQUENT REPORT OF:



(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.)*

Schwerdtfeger #13

5/20/80

Pulled 1" tbg 1864.54'; ran 59 jts 1.90" O.D. 2.75"/ft. DIST: 8 rd. thd.; tagged bottom @ 1900 KB; hung tbg @ 1891'. Selling gas: 77 MCFD.

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

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

SIGNED Francis J. Skuzgane TITLE Engineering Aide DATE 8/8/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR

NMOCC

*See Instructions on Reverse Side

BY _____

STRICT