

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 12021

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dietrich Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

WAW Picture Cliff

11. SEC., T., R., M., OR E.E. AND
SURVEY OR AREA

Sec 27, T27N, R13W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL ☐ GAS ☒
WELL WELL OTHER

2. NAME OF OPERATOR

Dietrich Exploration Company

3. ADDRESS OF OPERATOR

602 Midland Savings Bldg., 444 17th Street, Denver, Co.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

790' FSL and 790' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6140

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

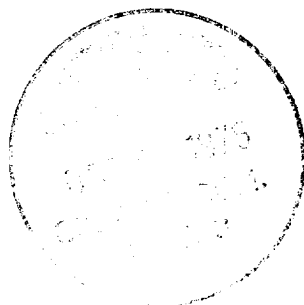
ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

Drilled 6 $\frac{1}{4}$ " hole to 1550 feet. Total depth at 8:30 a.m. 9-23-76. Ran open hole logs IEL, FDC-CNL, GR, Caliper. Ran 56 joints 4 $\frac{1}{2}$ " 10.5# casing and set at 1534 feet. Cemented with 100 sacks class "A" with 2% CaCl₂. Bumped plug at 3:00 p.m. 9-24-76. Wait on cement. Wait on completion unit.



SEP 30 1976

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

SIGNED

William T. Jones
William T. Jones

TITLE

Agent

DATE

9-29-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side