

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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
HUSKY OIL COMPANY
3. ADDRESS OF OPERATOR
6060 S. Willow Drive, Englewood, CO 80111
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1550' FNL & 990' FWL, SW $\frac{1}{4}$ NW $\frac{1}{4}$
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
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) Shut-In Status (6/18/81)

5. LEASE
SE-C 058
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Schwerdtfeger
9. WELL NO.
3-E
10. FIELD OR WILDCAT NAME
Basin, Dakota
11. SEC., T., R., & S. OR BLK. AND SURVEY OR AREA
Section 21, T27N, R11W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6276' GR

(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.)*

Perforated Dakota: 6512-6532, 1 SPF (20 holes).

Acidized w/1000 gal 15% HCl + additives.

Frac'd w/60,000 gal Mini-Max III-30 + 2% KCl & 145,000# 20-40 sand.

Well was shut in 6/18/81 for economic reasons.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Vera Chandler TITLE Technical Assistant DATE October 5, 1982

ACCEPTED FOR RECORD (Space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL

BY AK FARMING AK FRICT

NMOCC

*See Instructions on Reverse Side

