UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

5.	LEASE	4 4
	USA-SF-078046	
6.	IF INDIAN, ALLOTTEE OR TRIB	E NAME

SHINDRY	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)

	 		 other	
2.		OPERA	`omnanv	

3. ADDRESS OF OPERATOR

720 S. Colorado Blvd., Denver, CO 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 1020'FNL & 810'FEL, Unit A AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

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

SUBSEQUENT

7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Huahes 9. WELL NO. 10. FIELD OR WILDCAT NAME Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR 5 5 15 14 Sec. 29, T29N, R8W 12. COUNTY OR PARISH 13. STATE New Mexico San Juan

15. ELEVATIONS (SHOW DF, KDB, AND WD) 6396'GL

REQUEST FOR APPROVAL TO: TEST WATER: SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* spud, surface & production csq (other)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all personent 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.)*

8/5/79 - 8/13/79

Spudded 13 3/4" hole on 8/5/79 and drilled to 239'. Ran 5 jts 9 5/8", 36#, K-55 csg & set 0228'. Cemented w/180 Sx class 'B" cement, 2% CACL2. Circulated to surface. NUBOE. Pressure tstd csg to 600 psi for 30 min-held ok. Reduced hole to 8 3/4" and drilled to 3700'. Ran 89 jts 7", 23#, K-55 csg & set @ 3692'. Cemented w/550 Sx class "B' cement, 4% Gel, 6 1/4# Sx Gilsonite, 1/4# Sx Flocele, 0.6% CFR-2, followed WOC 12 hrs. Reduced hole by 100 Sx class "B" cement, 1/4# Sx Flocele, 0.6% CFR-2. to 6 1/4" and resumed drilling.

Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the foregoing is true and correct TITLE Admin. Supervisor DATE (This space for Federal or State office use) TITLE DATE APPROVED BY CONDITIONS OF APPROVA ., IF ANY: 01 TO