Form 9-331 Dec. 1973

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TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple containers REPAIR WELL change on Form 9-830.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

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.)

12-20-79 PBTD 630'. Moved in and rigged up FWS swabbing unit. Blue Jet ran gamma ray correlation and collar logs. - Swabbed 2-7/8" csg. down to 400'. Perf w/ 10 2-1/8" glass jets 570-577'. Swabbed csg. down. Well making estimated 10-15 MCFGPD. Shut in State of the state

Subsurface Safety Valve: Manu, and Type ____ 18. I hereby certify that the foregoing is true and correct Engineer DATE. (This space for Federal or State office use) TITLE . APPROVED BY CONDITIONS OF APPROVAL, IF ANY: 2