Form Approved.

Budget Bureau No. 42-R1424

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE NM 010063
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME Lucerne
1. oil gas well well other	9. WELL NO.
2. NAME OF OPERATOR	#1E
Pioneer Production Corp. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin Dakota
Box 208, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	AREA
below.) AT SURFACE: 1100' FSL - 1540' FEL	Sec 8 T28N R11W 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15 515W710N0 (0110W D5 W75
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5555 GL
TEST WATER SHUT-OFF TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-380.)
MULTIPLE COMPLETE	
ABANDON*	
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is different measured and true vertical depths for all markers and zones pertiner 7-10-80 BlueJet perf the following w/select 6049, 6051, 6102, 04, 05, 09, 11, 12, 14, 17, Western Co. fraced using a total of: 50,500 gal Mini Max III-40 105,000# 20-40 s Max 3100 psi @ 31 B/M, Avg 2500 psi @ 30 B/M, HHP 1838, ISDP 1400 psi, SI after 15 minutes 7-11-80 Ran 187 jts 1-1/4" 2.3# V-55 IJ tbg. TE 6022	firectionally drilled, give subsurface locations and not to this work.)* If fire @ 1 hole/ft: If 19, 21, 26, 33, 34, 35 (16 holes total and
BOP. Nippled up x-mas tree. Released pullin	ng unit @ 5:00 p.m. 7-10-80
C. L. C. Cofet Velve Many and Tree	Set @ Ft.
Subsurface Safety Valve: Manu. and Type	Set @1t.
18. I hereby certify that the foregoing is true and correct	7-11-80
SIGNED Thomas A: Dugan TITLE Agent	
(This space for Federal or State of	
APPROVED BY TITLE TOTAL CONDITIONS OF APPROVAL, IF ANY:	DATE
CONDITIONS OF AFFROYAGE IF ANT.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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