U. S. CEOLUCION

LINITED STATES

ONITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF 078863
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.)	
reservoir, use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas X other	Krause WN Federal
11011	9. WELL NO.
2. NAME OF OPERATOR ARCO Oil and Gas Company	2E
Division of Atlantic Richfield Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P. O. Box 5540, Denver, Colorado 80217	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	28-28N-11W
AT SURFACE: 790' FSL & 1120' FEL (SE SE) AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Approx the same	San Juan New Mexico
- Approx are came	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-045-24122
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5837' GL
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	irectionally drilled, give subsurface locations and
MIRU Farmington Well Service Rig 6. Perf'd Gr	aneros and Dakota @
6224', 26, 28, 29, 36, 37, 38, 39, 6306', 11, 14, 15, 17, 2	
35,41,45' - 24 holes32" diameter. Acidize	
HCL, 48 ball sealers and 15#/1000 gals XR-2, 1	
nch, 40 Dati Seaters and 10#/1000 gats AR-2, 1	gar/1000 gars cray

master and 1 gal/1000 gals L-22. Frac'd 6224'-6345' with 112,120 gals 2% KCL Polaris 40 gel wtr, 2120 gals diesel, 1 gal/1000 galsc. Advantage of the control of the contro 1 gal/1000 gals Adocide and 227,000# 20/40 mesh sand Subsurface Safety Valve: Manu. and Type __ 18. I hereby certify that the foregoing is true and correct TITLE Operations Manager DATE 4-29-80 (This space for Federal or State office use) _ DATE . APPROVED BY _ TITLE _ CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side