

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 ☐
well well other

2. NAME OF OPERATOR
Dietrich Exploration

3. ADDRESS OF OPERATOR
410 17th St. Suite 2450 - Denver, Colo 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 2090' from South line & 450' from
AT SURFACE: East line
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) ☐

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5. LEASE

N00 C 14-20-5604

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

E- Ton-Nah-Gah

9. WELL NO.

43

10. FIELD OR WILDCAT NAME

Lybrook Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 8, T23N, R7W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

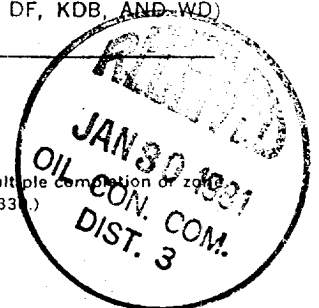
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7113 Gr. 7126 KB

(NOTE: Report results of multiple completion or log change on Form 9-331.)



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.)*

Pressure tested casing to 3500'. Perforated casing with one hole at ⁵⁴⁰⁸~~4508~~, 5410, 5414, 5416, 5418, 5433, 5435, 5437, 5523, 5525, 5527, 5543, 5569, 5571, 5585, 5587, 5589, 5610, 5612, 5614, 5632, 5634, 5659, 5661, 5683. Balled off with 1000 gal. 15% HCL acid. Frac treated with 96,000# 20/40 sand and 56,000# 10/20 sand in 80,000 gal. of cross linked gel. Maximum pressure 2500 psi at 36 bpm. Swab tested 2 days. Ran rods and pump. Shut in. Waiting on production equipment.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Mike Hicks TITLE Agent DATE 1/19/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

BW

NMOCC