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

		Form Approved. Budget Bureau No. 42–R1424
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	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
ıt	7.	UNIT AGREEMENT NAME
	8.	FARM OR LEASE NAME
		Schwerdtfeger
	9.	WELL NO.
		10
	10.	FIELD OR WILDCAT NAME
_		West Kutz Canyon
,	11.	SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Sec.16-27N-11W
	12.	COUNTY OR PARISH 13. STATE
		San Juan New Mexico
_	14.	API NO.
,		
	15.	ELEVATIONS (SHOW DF, KDB, AND WD) 6228
	D <sub>o</sub>	OTE: Report results of multiple completion or zone change on Form 9–330.)
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SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a differen reservoir. Use Form 9–331–C for such proposals.) gas well  $\Sigma$ well other 2. NAME OF OPERATOR Husky Oil Company 3. ADDRESS OF OPERATOR 600 So. Cherry; Denver, Colo. 80222 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.) 990' FNL and 1650' FWL AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSTOUEN TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING GEOLOGICAL SURV MULTIPLE COMPLETE FARMINGTON, N. M. CHANGE ZONES ABANDON\* (other) remedial work 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all perting pertinent dates, including estimated date of starting any proposed work. If well is directionally trilled, give subsurface measured and true vertical depths for all markers and zones pertinent to this work.)\* AUG 181980 locations and OIL CON, COM-Schwerdtfeger 10 DIST. 3 6/3/80 Pulled 1170' x 1" tubing; left 818' in hole. Ran 1951' x 1.5" tubing. Swabbed water from well. Gas rate not very good. Acidized with 250 gal 15% HCl displaced with 4 BT. Dropped swab and sinker bars. Pulled tubing to recover. Ran tubing back. 150 psi CP. Subsurface Safety Valve: Manu. and Type \_\_\_ \_\_\_ Set @ .\_\_\_\_ 18. I hereby certify that the foregoing is true and correct

Hauricum Engineering Aide DATE \_ (This space for Federal or State office use) APPROVED BY \_\_ TITLE \_\_ DATE CONDITIONS OF APPROVAL, IF ANY:

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