
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF-080382A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME Schwerdtfeger
1. oil gas 🗵 other	9. WELL NO.
2. NAME OF OPERATOR	3-E
Husky Oil Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin, Dakota
600 So. Cherry St., Denver, CO 80222	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 21-27N-11W
AT SURFACE: 990' FWL and 1350' FNL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan N. M.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.
REPORT OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6276 GL 3 = 1 3 2 3 2
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OF ACIDIZE SHOOT OF ACIDIZE	ED P
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
PULL OR ALTER CASING	change on Form 9–330.)
MULTIPLE COMPLETE CHANGE ZONES ABANDON* MULTIPLE COMPLETE FARMINGFON, N. 1	JAVEY
ABANDON*	vi.
(other) ondrige casing plans	
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	lirectionally drilled, give subsurface locations and
change production casing from $5\frac{1}{2}$ " to $4\frac{1}{2}$ ", 10	0.5 #/ft., K-55, ST&C
	CILLEN
	Coll LIATO
	MLUE MOO
	MAR 26 1980 MAR 26 1980 OIL CON. COM.
	WHILE COM.
	OIL CONT. 3
	Diss
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. Thereby certify that the foregoing is true and correct	
SIGNED STRUCCIO SELLECTURE TITLE Eng. Aide	DATE <u>March 18, 1980</u>
(This space for Federal or State of	fice use)
APPROVED BY TITLE	DATEDOVED
CONDITIONS OF APPROVAL, IF ANY:	APPRUVELT

of Sin

NMOCC

*See Instructions on Reverse Side

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