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

		Förm Approved. Buliget Bureau No. 42-R1424
	5.	LEASE SF-078872 A
	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
2 7 5E	7.	UNIT AGREEMENT NAME
	8.	FARM OR LEASE NAME Bolack "D"
	9.	WELL NO. 3-E
	10.	FIELD OR WILDCAT NAME Basin, Dakota
		SEC., T., R., M., OR BLK AND SURVEY OR AREA Sec. 21-27N-11W
)12.	COUNTY OR PARISH 13. STATE San Juan New Mexico
	14.	API NO.
	15	ELEVATIONS (SHOW DE KOR AND WO

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a difference reservoir. Use Form 9–331–C for such proposals.)

gas well XXwell other 2. NAME OF OPERATOR HUSKY OIL COMPANY 3. ADDRESS OF OPERATOR 600 So. Cherry St., Denver, CO. 80222 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1

below.) AT SURFACE: 990' FSL and 1500' FEL (SWS AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA

RECEIVED

(NOTE: Report results of multiple completion or zone $2^{-}\left(\frac{1}{2}\left(\frac{1}{2}\right)\right)$ change on Form 9–330.)

6332' GR

U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Ran production casing

REQUEST FOR APPROVAL TO:

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.)*

SUBSECUENT REPORT OF:

Ran 159 jts, 4½", 10.5#, K-55, ST&C casing (6661'). Set @ 6660' Cemented w/1600 sx total in 3 stages as follows:

450 sx total--300 sx 50/50 Pozmix + 6% gel + 1st Stage:

¼ pps celoflake, tail in 150 sx Class B + 2%

CaCl₂.

2nd Stage: 650 sx total--600 sx 50/50 Pozmix + 6% gel + (3526')pps celoflake, tail in 50 sx Class B + 2%

CaCl₂.

3rd Stage: 500 sx total of 50/50 Pozmix + 6% gel. (1218')

CIP at 10:00 PM, 6/28/80.

Subsurface Safety Valve: Manu. and Type ______ Set @ 18. I hereby certify that the foregoing is true and correct CLUZICUE THILE Engineering Aide June 30, 1980 (This space for Federal or State office use)

APPROVED BY _ TITLE ____ CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side