Form	9-331		
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16.

UNITED STATES

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verse	Ride	٠)			

San Juan

New Mexico

DEPARTMENT OF THE INTERIOR VOTRE BIDE	5. LEANE DESIGNATION AND SEALL NO. NM - 20313		
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 "APPLICATION FOR PERMIT" for such proposals.)	6. IF INDIAN, ALLOTTER OF TRIBE NAME		
OIL OAM X OTHER WILDCAL	7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR	8. FARM OR LEASE NAME		
Mountain Fuel Supply Company	Fruitland		
3. ADDRESS OF OPERATOR	9. WELL NO.		
P. O. Box 1129, Rock Springs, Wyoming 82901	1 .		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Wildcat		
890' FNL, 790' FEL NE NE	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
	NE NE 28-30N-14W., NMPM		
14. PREMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)	12. COUNTY OR PARISH 18. STATE		
KB 5588.10' GR 5572'	San Juan New Mexico		

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				BURNEQUENT REPORT OF:		
			ıı			
EST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF REPAIRING WELL		
RACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT ALTERING CASING		
HOOT OR ACIDIZE	.	ARANDON*		SHOOTING OR ACIDIZING ABANDONMENT*		
EPAIR WELL		CHANGE PLANS		(Other) Supplementary history	X	
Other)		(Nors: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)				

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.) *

Depth 10,962', drilling.



JAN 27 1977 .

18. I hereby certify that the foregoing is true and correct SIGNED A. I My		r, Drilling and eum Engineering	DATE Jan. 24, 1977
(This space for Federal of State office use)			
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE