

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Wildcat		5. LEASE DESIGNATION AND SERIAL NO. NM - 20313
2. NAME OF OPERATOR Mountain Fuel Supply Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		7. UNIT AGREEMENT NAME -
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 89Q' FNL, 790' FEL NE NE		8. FARM OR LEASE NAME Fruitland
14. PERMIT NO. -		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 5588.10' GR 5572'		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE NE 28-30N-14W., NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Supplementary history <input checked="" type="checkbox"/>	

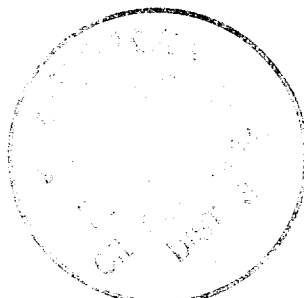
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 12,437', circulating to run casing.

DST #9: 12,090-12,150', Mississippian, IO 1/2 hr, ISI 1-1/2 hrs, FO 2 hrs, FSI 3-3/4 hrs, opened very weak, reopened dead, no gas, recovered 360' gas cut mud and 700' gas cut water cushion.
IHP 5989, IOFP's 394-438, ISIP 2515, FOFP's 482-482, FSIP 1826, FHP 5989.

DST #10: 12,176-12,236', Mississippian, IO 1/2 hr, ISI 2 hrs, FO 2 hrs, FSI 3-3/4 hrs, opened very weak, reopened dead, no gas, recovered 605' water cushion, 273' gas and water cut mud.
IHP 6160, IOFP's 285-285, ISIP 5327, FOFP's 306-350, FSIP 4857, FHP 6090.



FEB 18 1977

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

SIGNED R. E. Myers

TITLE Manager, Drilling and Petroleum Engineering

DATE Feb. 15, 1977

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____