

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well    gas ☒ well    other ☐
2. NAME OF OPERATOR  
AMOCO PRODUCTION COMPANY
3. ADDRESS OF OPERATOR  
501 Airport Drive Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1450' FSL x 1500' FWL, Section 1,  
AT SURFACE: T-24-N, R-5-W  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Completion			

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.)\*

Completion operations commenced on 3/31/79. Pressure tested casing to 4000 psi for 15 minutes; held OK. Perforated 7111-17', 7146-74' x 2 SPF of .5" diameter; a total of 68 holes. Sand-water fraced with 89,000 gallons frac fluid and 185,000# sand. Cleaned out to PBD of 7276' and landed the 2-3/8" production tubing at 7175'. Swabbed well and released completion rig on 4/3/79.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_ TITLE Dist. Adm. Supvr. DATE 4/23/79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE	Jicarilla Tribal No. 35
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	Jicarilla Apache
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	Jicarilla Apache Tribal 35
9. WELL NO.	1
10. FIELD OR WILDCAT NAME	Basin Dakota
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA	NE/4 SW/4 Section 1, T-24-N, R-5-W
12. COUNTY OR PARISH	Rio Arriba
13. STATE	NM
14. API NO.	30-039-21992
15. ELEVATIONS (SHOW DF, KDB, AND WD)	6753' GL, 6766' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)