UNITED STATES DEPARTMENT OF THE INTERIOR

	5. LEASE
	Jicarilla Contract 35A SW-1-424
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
_	Jicarilla Apache
	7. UNIT AGREEMENT NAME
nt	
	8. FARM OR LEASE NAME
	9. WELL NO. 100 100 100 100 100 100 100 100 100 10
	1E
	10. FIELD OR WILDCAT NAME 3.4.4
	Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
17	
	NW/4, SE/4, Section 2, T24N, R5W 12. COUNTY OR PARISH 13. STATE
	Rio Arriba NM
Ξ.	14. API NO.
· C ,	30-039-22170
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6707 GL, 6720 KB
	6/07 GL, 6/20 KB
	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
	Change on Tolling 3000

7 GEOLOGICAL SURVEY SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a differe reservoir. Use Form 9–331–C for such proposals.) gas well X other well 2. NAME OF OPERATOR Amoco Production Company 3. ADDRESS OF OPERATOR Farmington, NM 87401 501 Airport Drive 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space : below.) AT SURFACE: 1520' FSL x 1520' FEL, Section 2, T24N, R5W AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (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 began on 3-20-80. Total depth of the well is 7189 and plugback depth of the well is 7151'. Perforated intervals from 7013' to 7030', 7045-7066' with 2 SPF with a total of 76 holes of .4" diameter. Sand-water fraced with 63,000 gal frac fluid and 209,000# of sand. Landed the 2-3/8" tubing at 7079'. Swabbed the well and released the rig on 3-25-80.

Subsurface Safety Valve: Manu, and Type 18. I hereby certify that the foregoing is true and correct 4-24-8 - 15 S.A. _____ TITLE ______ (This space for Federal or State office use) CEPTED FOR RECORD

DATE

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: