

UNITED STATES
DEPARTMENT OF THE INTERIOR
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 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.)
AT SURFACE: 850' ENL x 1520' FWL, Section 11,
AT TOP PROD. INTERVAL: Same T24N, R5W
AT TOTAL DEPTH: Same

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

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 ☐

SUBSEQUENT REPORT OF:

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

5. LEASE
SW-1-4221
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla Gas Com 35B
9. WELL NO.
1E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE/4, NW/4, Section 11, T24N, R5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
30-039-22172
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6661' GL

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 3-25-80. Total depth of the well is 7168' and plugback depth is 7108'.
Perforated intervals from 6934' to 7008' with 2 SPF, total of 92 holes with .38" diameter.
Sand-water fraced with 63,000 gallons of frac fluid and 196,000# of sand.
Landed the 2-3/8" tubing at 7010'.
Swabbed the well and released the rig on 3-29-80.

Subsurface Safety Valve: Manu. and Type

Set @ 3000 Ft

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

SIGNED _____ TITLE Dist. Adm. Supvr. DATE 4-18-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 21 1980

*See instructions on Reverse Side

BY M. L. Ruckera