

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 ☐ gas ☒ other ☐
well ☐ 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: 1820' FSL & 1695' FEL, Section 11,
AT TOP PROD. INTERVAL: Same T24N, R5W
AT TOTAL DEPTH: Same
15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON ☐

(other) Completion ☒

5. LEASE SW-1-4214
Jicarilla Contract 35
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla Gas Com 35A
9. WELL NO.
1E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW1/4, SE/4, Section 11, T24N, R5W
12. COUNTY OR PARISH. 13. STATE
Rio Arriba NM
14. API NO.
30-039-22173
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6621' GL

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

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 3-29-80. Total depth of the well is 7095' and plugback depth is 7048'. Perforated intervals from 6887' to 6903' and 6915' to 6953' with 2 SPF, a total of 118, .38" holes. Sand-water fraced with 64,000 gallons of frac fluid and 203,000# of 20:40 sand. Landed the 2-3/8" tubing at 6973'. Swabbed the well and released the rig on 4-2-80.

Subsurface Safety Valve: Model and Type _____ Set ☒ _____ Ft.

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

SIGNED E. E. SVOLEDA TITLE Dist. Adm. Supvr DATE 5-6-80

(This space for Federal or State office use)

APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL: _____

1980
BY M. L. Kuchera