

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 Dr., Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1600' FSL X 1780' FEL
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 ☐	☐
FRACTURE TREAT ☐	☐
SHOOT OR ACIDIZE ☐	☐
REPAIR WELL ☐	☐
PULL OR ALTER CASING ☐	☐
MULTIPLE COMPLETE ☐	☐
CHANGE ZONES ☐	☐
ABANDON ☐	☐

(other) Well Completion Information

5. LEASE
Jicarilla Contract 146

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Contract 146

9. WELL NO.
39

10. FIELD OR WILDCAT NAME
Gonzales Mesaverde/Otero Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW/4, SE/4, Section 3, T25N, R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.
30-039-22522

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6605' G.L.

(NOTE: Report results of multiple completions or 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.)*

Amoco Production Company intends to complete the subject well within 20 days. We currently have five completion rigs employed.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Dist. Admin. Supv. DATE 9-17-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE SEP 21 1981
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
BY K. J. Lawrence