

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 ☐

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, NM 84701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1570' FNL x 1110' FWL
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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(other) APD Extension

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.
35
10. FIELD OR WILDCAT NAME
Otero Chacra/Gonzales Mesaverde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SW/4, NW/4, Section 3
E T25N-R5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
30-039-22544
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6602' 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.)*

Amoco Production Company requests an extension of approval for drilling as the approval expires 5-18-82. Our plans call for drilling this well by 7-1-82.

extended to 11/18/82



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

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

SIGNED _____ TITLE Dist. Admin. Supvr. DATE JUN 11 1982

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

JUN 1 1982
Elliott
DISTRICT ENGINEER