

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 <input type="checkbox"/> gas well <input checked="" type="checkbox"/> 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: 840' FNL x 820' 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:

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

SUBSEQUENT REPORT OF:

(other) Extension of Drilling Permit ☐

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JAN 25 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON REGIONAL OFFICE

5. LEASE Jicarilla Contract 148
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Jicarilla Contract 148
9. WELL NO. 27
10. FIELD OR WILDCAT NAME Otero Chacra
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/NE, Section 13, T25N, R5W
12. COUNTY OR PARISH Rio Arriba
13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 7348' GR

(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 our approved drilling permit which is due to expire on 2-7-84.

extend to 8/7/84

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OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type

Set @

Ft.

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

SIGNED D.D. LAWSON Original Signed By Dist. Adm. Supervisor January 23, 1984

(This space for Federal or State office use)

APPROVED BY
FUNCTIONS OF APPROVAL (If any)

TITLE

DATE

*See Instructions on Reverse Side

NMOCC

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AREA MANAGER
FARMINGTON REGIONAL OFFICE