

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, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1050' FNL x 1090' 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* ☐
(other) APD Extension ☐

SUBSEQUENT REPORT OF:

- ☐
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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.
29
10. FIELD OR WILDCAT NAME
Otero Chacra
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4, NE/4, Section 24 T25N, R5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
30-039-22567
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6886' G.L.

(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 12-23-81. Our plans call for drilling this well in the near future.



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

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

SIGNED _____ TITLE Dist. Engineer DATE _____

(This space for Federal or State office use)
APPROVED BY (Orig. Sgd.) RAYMOND W. VINYARD RAYMOND W. VINYARD
CONDITIONS OF APPROVAL, IF ANY: _____ TITLE ACTING DISTRICT SUPERVISOR DATE DEC 14 1981

APD extended to 6-23-82

*See Instructions on Reverse Side

NMOCC