

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.)

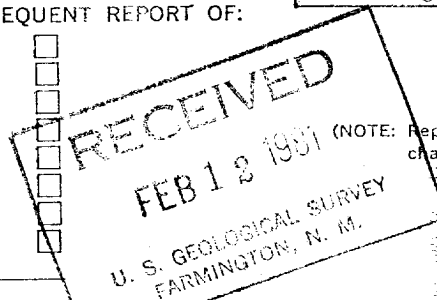
1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY
3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, NM
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1840' FNL x 1520' FEL
AT SURFACE:
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE 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) Completion ☒

SUBSEQUENT REPORT OF:

- ☐
☐
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5. LEASE
Jicarilla Contract 155
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla Contract 155
9. WELL NO.
16E
10. FIELD OR WILDCAT NAME
Basin Dakota/Otero Chacra
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SW/4 NE/4 Section 30
T26N, R5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
80-039-22346
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6680' 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 again on 1-16-81. Total depth of the well is 7561' and plugback depth is 7514'. Tripped out of hole with 2 3/8" tubing. Tripped back in hole and landed 2 3/8" Dakota tubing at 7433'. Tripped in with 2 1/16" chakra tubing at 4046'. Swabbed the well and released the rig on 1-31-81



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 2/11/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION _____

ACCEPTED FOR RECORD

FEB 17 1981

*See Instructions on Reverse Side

BY PL FARMINGTON DISTRICT

AMOCO