

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 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1080 FSL x 1570 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 ☐

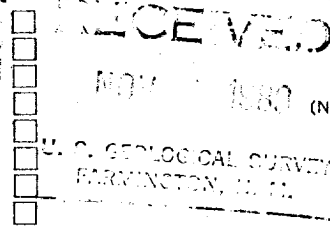
MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Spud and Set Casing

SUBSEQUENT REPORT OF:



(NOTE: Report results of multiple completion or zone change on Form 9-3309)

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.)*

Spudded a 12 1/4" hole on 10-19-80 and drilled to 307'. Set 8 5/8" 24# surface casing at 307' on 10-19-80, and cemented with 300 sx of class "B" neat cement containing 2% CaCl2. Good cement was circulated to the surface. Drilled a 7 7/8" hole to a TD of 5362'. Set 5 1/2" 15.5# production casing at 5355', on 10-28-80, and cemented in two stages.

1) Used 400 sx of class "B" neat cement containing 2% CaCl2. Good cement was circulated to the surface.

2) Used 540 sx of class "B" neat cement containing 65/35 POZ, 6% gel, 2# medium tuf plug per sack, and .8% fluid loss additive. This was tailed in with 100 sx of class "B" neat cement. Good cement was circulated to the surface. The DV tool was set at 3949'. The rig was released on 10-28-80.

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

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

Original Signed By

SIGNED E. E. SVOBODA

TITLE Dist. Admin. Supvr DATE 11-5-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

BW