

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 ☒ other2. NAME OF OPERATOR  
Amoco Production Company3. ADDRESS OF OPERATOR  
501 Airport Dr., Farmington, NM 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1800' FNL x 850' 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:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

## 5. LEASE

Jicarilla Contract 155

## 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

## 7. UNIT AGREEMENT NAME

## 8. FARM OR LEASE NAME

Burns Gas Com "A"

## 9. WELL NO.

1

## 10. FIELD OR WILDCAT NAME

Otero Chacra

## 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/4, NE/4, Section 32, T26N, R5W

## 12. COUNTY OR PARISH

Rio Arriba

## 13. STATE

New Mexico

## 14. API NO.

30-039-22553

## 15. ELEVATIONS (SHOW DF, KDB, AND WD)

6664' 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 request an extension of approval for drilling, as the approval expires 12-8-81. 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 12-9-81(This space for Federal or State office use)  
(Orig. Sgd.) RAYMOND W. VINYARD  
APPROVED BY \_\_\_\_\_ TITLE ACTING DISTRICT SUPERVISOR  
CONDITIONS OF APPROVAL, IF ANY:DATE DEC 14 1981*APD extended to 6-8-82*

\*See Instructions on Reverse Side

.NMOCC