

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 SWD Well  
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: 1980' FSL x 660' FWL  
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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON\*

(other)

5. TITLE  
11-20-003-11  
6. IF INDIAN, ALLOTTEE OR TRIBAL NAME  
Navajo Tribe  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Tocito Dome Central Battery - SWD  
9. WELL NO.  
1  
10. FIELD OR WILDCAT NAME  
Pennsylvania "D"  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
1 Sec. 21, T24N, R18W  
12. COUNTY OR PARISH 13. STATE  
San Juan New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5740' RDE

RECEIVED  
(NOTE: Report results of multiple completion or zone change on Form 9-330.)  
AUG 11 1982

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.)\*

Tocito Dome Central Battery SWD Well No. 1 was repaired on 7-29-82. The well was formerly named Navajo Tribal "U" No. 1. Repairing the well involved hydro-testing the 2-7/8" J-55 tubing and replacing 27 joints of the same. The annulus was loaded with treated water and pressure tested to 200 psig. The test was satisfactory and the well is sound. Well put back on disposal.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_ TITLE Admin. Supvr. DATE 8-9-82

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY.

AUG 13 1982

FARMINGTON DISTRICT  
BY *[Signature]*

\*See Instructions on Reverse Side

MOCC