5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	14-20-603-5035
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
dededdione danie.	Návajo Tribal
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
Salt Water	Navajo Tribal "N"
1. oil gas well other Disposal well	9. WELL NO.
2. NAME OF OPERATOR	2
Amoco Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Tocito Dome Penn "D"
501 Airport Drive, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4, NE/4, Section 20,
below.) AT SURFACE: 1850 ' FNL $ imes$ 1850 ' FEL	T26N, R18W 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	San Juan New Mexico
AT TOTAL DEPTH: Same	14. API NO.
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	5711' DF
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING U	change on Form 3-330.)
MULTIPLE COMPLETE	
CHANGE ZONES US STALL MAICH SANDON*	SUNVEY TO THE STATE OF THE STAT
(other)	199-
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	nt to this work.)*
The salt water disposal well was put back on di	sposal after the following procedure
1. Trip in hole with 1" coiled tubing. Land a	
2. Pump N_2 down coiled tubing and circulate ou	
3. Pump 1350 gallons of Acid-Asol mixture down 350 gallons Asol). Three water spacers con used in between Acid-Asol stages. Maximum 900 psi. All stages were pumped at 4 barre	taining 100 lbs. of rock salt were pressure 2100 psi. Average pressure
5. Displace tubing with water and put well bac	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE District Eng	September 24, 1982
(This space for Federal or State o	
APPROVED BY AGGELIEU FOR RECORDITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
00T 0 4 1392	

*See Instructions on Reverse Side

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