

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 ☐ Salt Water Disposal
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' FNL x 1850' 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) ☐

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☒
- ☐
- ☐
- ☐
- ☐

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Report results of multiple completion or zone change on Form 9-330.)

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
14-20-603-5035
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Navajo Tribal "N"
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Tocito Dome Penn "D"
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SW/NE Section 20, T26N, R18W
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5711' DF

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.)*

Moved in and rigged up service unit on 9-21-83. The total depth of the well is 6417' and the plugback depth is 6364'. Repaired holes in casing between the intervals of 1365'-1860' by squeezing with 510 cu ft Class B cement containing 2% CaCl₂. Landed the casing at 6093' and released the rig on 10-3-83.

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

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

SIGNED _____ TITLE Dist. Adm. Super. DATE 11-14-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

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FARMINGTON RESOURCE AREA

BY X