DISTRICT ENGINEER

5. LEASE

14-20-603-5034

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME Navajo Tribal "U"
1. oil gas well other Gas Injector	9. WELL NO.
2. NAME OF OPERATOR Amoco Production Company	3 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 501 Airport Dr., Farmington, NM 87401	Tocito Dome/Penn "D"
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: $660$ ' FSL $ imes 510$ ' FWL	Section 16, T26N, R18W  12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	San Juan NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) GL 5710' KB 5722'
REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF	
FRACTURE TREAT SHOOT OR ACIDIZE	
REPAIR WELL AMG 23 1982	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE U. S DOUBLOAL GUIVEY CHANGE ZONES U. S DOUBLOAL GUIVEY	Change of Form 9-330.)
ABANDON*	
(other) Change Status from Gas Injector to Produc-	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent.)	Trectionally drilled give subsurface leastions and
Amoco Production Company requests permission Tribal "U" No. 3 from gas injector to product gas for 20 days in 1975 and has been shut in done at the request of the NMOCD, who has asl return the well to production.	ing oil well. The well injected since that time. This is being
	RECEIVEN
	AUG26 1982 OIL CON. COM. DIST. 3
	OIL CON 32
	DIST. 3
Subsurface Safety Valve: Manu. and Type	S#@Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE Admin. Supvi	S. DATE 8-18-82
This space for Federal or State office use)	
APPROVED BY ACCEPIED FOR RECORD LE CONDITIONS OF APPROVAL, IF ANY:	APPROVED
AUG 2/5 1982	AUG-2 5 1982

\*See Instructions on Reverse Side