## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	Navajo Tribal 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
	Navajo Tribal "N"
1. oil $\mathbb{X}$ gas $\mathbb{C}$ other	9. WELL NO.
2. NAME OF OPERATOR	44
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 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4, NE/4, Section 18, T26N, R18W
AT SURFACE: 660' FNL x 660' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	San Juan New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-045-05876 15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5849' GL
TEST WATER SHUT-OFF   FRACTURE TREAT  SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE [] [] [] [] CHANGE ZONES [] []	
ABANDON®	
(other)	
<ul> <li>17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is different and true vertical depths for all markers and zones pertiner.  Amoco Production Company plans to repair well well as follows:  1) Pull rods and pump out of hole to check for the end of the end</li></ul>	irectionally drilled, give subsurface locations and at to this work.)*  bore damage in the above mentioned for abnormal problems. The tubing and let it soak for 3 additives, down the tubing. The ter.  In the greature and chrome plated parts acid when production is resumed. The acid dump.  In the control of the control of the control of the acid dump.  In the control of the contr
	Set (ii) rt.
18. Thereby certify that the foregoing is true and correct  Original Signed By  TITE Dist. Admin. S	Supvr. DATE AJG 4 1981
SIGNED E. 5 SVOBODA TITLE DIST. Admin. S	Supvr •DATE
APPROVIDENSpace for Federal or State of	fice use)
TITLE THE	DATE
APPROVED BY CONDITIONS OF APPROVALIGATIVE 1981	DATE
DISTRICT ENGINEER  See Instructions on Reverse	Side
Section dentities and the results of	#***