

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

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
501 Airport Drive Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 600' FNL x 1200' FWL, (unorthodox)
AT SURFACE: Sec. 20, T26N, R18W
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* ☐

SUBSEQUENT REPORT OF:

(other) Temporarily Abandon

5. LEASE

14-20-603-5035

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribal "N"

9. WELL NO.

9

10. FIELD OR WILDCAT NAME

Tocito Dome-Pennsylvanian "D"

11. SEC., T., R., M., OR BLK. AND SURVEY OR

AREA NW/4 NW/4 Section 20,

T-26-N, R-18-W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

14. API NO.

30-045-11946

15. ELEVATIONS (SHOW DF, KDB, AND WD)

5022' GL

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

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.)*

Amoco proposes to temporarily abandon the subject well due to a fish of 2-7/8" tubing and sucker rods. The fish resulted when the rods fell and caused the tubing to part. The top of the tubing in hole is 2831'; top of fish is 2785'. Fishing was attempted from 2/19/79 to 2/24/79 and 2/26/79 to 3/3/79 with approximately 808' of sucker rods being recovered.

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

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

SIGNED _____ TITLE Dist. Adm. Supvr. DATE 3/12/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: