UNITED STATES

DEPARTMENT OF THE INTERIOR	14-20-603-5035
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Navajo Tribe
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 reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas	Navajo Tribal "N"
well XXI well other	9. WELL NO.
2. NAME OF OPERATOR	9
Amoco Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Tocito Dome Penn "D"
501 Airport Drive, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA NW, NW, Section 20, T26N R18W
AT SURFACE: 600' FNL x 1200' FWL	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,	30-045-11946
REPORT, OR OTHER DATA	15. LEVATIONS (SHOW DF, KDB, AND WD)
DEGLISOT FOR ADDROVAL TO	5822' G.L.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	
TEST WATER SHUT-OFF LIFE FRACTURE TREAT	
	· _3
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	ft.
CHANGE ZONES	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
(other)	

K. LEASE

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.)*

Reference your letter dated October 12, 1982, the reference well has had all of the equipment removed from the location, the pit has been filled and the concrete slab has been removed. The location has also been reseeded.



DIL CON. DIV. DIST. 3 Set @

18. Thereby certify that the foregoing is true and correct

HITLDist. Admin. Supvr. DATE 5/5/83 SIGNED

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY.

Subsurface Safety Valve: Manu. and Type

TITLE

DATE

Ft.

*See Instructions on Reverse Side

EY .