

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 ☒ gas ☐ other ☐  
well well

2. NAME OF OPERATOR  
Amoco Production Company

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1830' FNLX610' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

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RECEIVED

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

NOV 15 1983

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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 6614' and the plugback depth is 6525'. Perforated the following intervals 6420'-6426' 2 jspf. .38" in diameter, 6456'-6499' 4 jspf. .38" diameter, for a total of 190 holes. Acidized interval 6456'-6499' with 4200 gals of 28% retorted HCL. Acidized interval 6420'-6442' with 250 gals Xylene followed by 2250 gals. retorted 28% HCL containing 750 gals. A-SOL. Tubing was landed at 6500 feet and the rig was released on 9-30-83.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED 3f TITLE District Administrative Supervisor DATE 11-11-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

NOV 17 1983

FARMINGTON RESOURCE AREA

BY E

NMOCC

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

|                        |             |
|------------------------|-------------|
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| SANTA FE               |             |
| FILE                   |             |
| U.S.G.A.               |             |
| LAND OFFICE            |             |
| TRANSPORTER            | OIL         |
|                        | NATURAL GAS |
| OPERATOR               |             |
| PRODUCTION OFFICE      |             |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |  |
|--|--|
| Operator<br><u>Amoco Production Company</u>  |  |
| Address<br><u>501 Airport Drive Farmington, NM 87401</u>   |  |
| Reason(s) for filing (Check proper box)  | Other (Please explain)   |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input checked="" type="checkbox"/> Oil<br><input type="checkbox"/> Condensate Gas<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate |
| If change of ownership give name and address of previous owner _____   |  |

FEB 28 1985  
OIL CON. DIV.  
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

|   |                       |   |  |                              |
|---|-----------------------|---|--|------------------------------|
| Lease Name<br><u>Navajo Tribal "U"</u>  | Well No.<br><u>19</u> | Pool Name, including Formation<br><u>Tecito Dome Penn D</u> | Kind of Lease<br>State, Federal or Fee <u>NAVAJO</u> | Lease No.<br><u>21005034</u> |
| Location<br>Unit Letter <u>H</u> : <u>1830</u> Feet From The <u>North</u> Line and <u>610</u> Feet From The <u>East</u> |                       |   |  |                              |
| Line of Section <u>15</u> Township <u>26 N</u> Range <u>18 W</u> . NMPL: <u>San Juan</u> County                         |                       |   |  |                              |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Permian Corp.</u>                    | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Box 1702 Farmington, NM 87499</u>    |
| Name of Authorized Transporter of Condensate Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>Amoco Production Company</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>501 Airport Drive Farmington, NM 87401</u> |
| If well produces oil or liquids, give location of tests.  | Unit : <u>A</u> Sec. : <u>20</u> Twp. : <u>26 N</u> Rge. : <u>18 W</u>  |
| Is gas actually connected? _____ When _____   |   |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

B. D. Shaw  
(Signature)  
Admin. Supervisor

(Title)  
1-2-85

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.