

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.) 1140' FSL x 790' FWL, Section 22, AT SURFACE: T-28-N, R-4-W
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	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	Spud & Set Casing		

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.)*

Spudded 12-1/4" hole on 4/21/78. Drilled to 314'. Set 8-5/8" 24#, K-55 casing at 311' with 250 sx Class "B", 2% gel. Circulated good cement.

Drilled 7-7/8" hole to a total depth of 4425'. Set 4-1/2" 10.5# K-55 casing at 4425' with 1075 sx Class "B", 50:50 Poz, 6% gel, 2 lbs. medium Tuf Plug per sx. Tailed in with 100 sx Class "B" Neat.

Rig released 4/28/78.

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

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

SIGNED _____ TITLE Area Adm. Supvr. DATE 5/5/78

(This space for Federal or State office use)

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