APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	NM-14923
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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	Valencia Canyon Unit
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas 🖂	
well well well other	9. WELL NO.
2. NAME OF OPERATOR	40
AMOCO_PRODUCTION_COMPANY	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Blanco Mesaverde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
501 Airport Drive Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY See space 17	AREA SW/4 SW/4 Section 35,
below.) 910' FSL x 870' FWL, Section 35,	T28N, R4W
AT SURFACE: T28N, R4W	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	
AT TOTAL DEPTH: Same	Rio Arriba NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	30-039-22082
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7264 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*	
(diller) Spud & Set Sufface Casting	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	rectionally drilled 'give subsurface locations and
Spudded 12-1/4" hole on 8/23/79. Drilled to 3	315' and set 9-5/8", 32.0# surface
casing at 309. Cemented with 300 sx Class "I	B" Neat cement containing 2% CaCl
Circulated out 20 sx good cement.	- state coment containing 2% oddi
g	
Presently drilling 8-3/4" hole.	en e
- resolvery driving of 574 note.	
•	
	\mathcal{F}
Subsurface Safety Valve: Manus and Tune	-
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED ALL TYPES OF THE Dist. Adm. Sup	ovr. 9/5/79
SIGNED A TO THE DIST. Adm. Sup	' Y + • DATE 7/ J/ / 7

(This space for Federal or State office use)

_ DATE _

__ TITLE __