

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 Dr., Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 790' FNL X 1000' 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:

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

SUBSEQUENT REPORT OF:

☐
☐
☐
☒
☐
☐
☐
☐
☐

RECEIVED

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

5. LEASE

SF-077941

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C. A. McAdams

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Fulcher Kutz Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4, NE/4, Section 5, T27N, R10W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

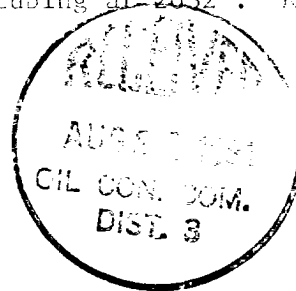
14. API NO.

30-045-21058

15. ELEVATIONS (SHOW DF, KDB, AND WD) 6080' G.L.

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.)

Repair operations commenced again on 8-13-81. Total depth of the well is 2165' and the plugback depth is 2102'. There were no perforations or fracturings during the repair operations. Tripped in hole to check for sand fill, ~~with there was~~ no sand fill left in the hole. Landed the 1 1/4" tubing at 2032'. Released the rig on 8-14-81.



Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED _____ TITLE Dist. Admin. Supvr. DATE 8-17-81

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

AUG 20 1981

FARMINGTON DISTRICT

BY

RB

*See Instructions on Reverse Side

NMOCC