Form Approved. Budget Bureau No. 42–R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5.	LEASE			
	SF-079596			:
6.	IF INDIAN, ALLOT	TEE OR	TRIBE N	IAME

DV tool was set at 51271. a rig was released on 5-7-80. Subsurface Safety Valve: Manu. and Type 18. Thereby certify that the foregoing is true and correct SIGNID TITLE (This space for Federal or State of APPROVED BY CONDITIONS OF APPROVAL IF ANY:	upvr. _{DATE} 5-23-80
n DV tool was set at 5127'. The rig was released on 5-7-80. Subsurface Safety Valve: Manu. and Type 13. Thereby certify that the foregoing is true and correct SIGNID TITLE Dist. Adm. S	upvr. _{DATE} 5-23-80
n DV tool was set at 51271. Exercise rig was released on 5-7-80. Subsurface Safety Valve: Manu. and Type	
n DV tool was set at 5127'. e rig was released on 5-7-80. Subsurface Safety Valve: Manu. and Type	Set @Ft.
n DV tool was set at 5127'. e rig was released on 5-7-80.	Set @
DV tool was set at 51271.	
	the control of the co
No cement was circulated to the surface on the se	cond stage.
ox, and .8% fluid loss additives. This was taile	d in with 100 sx of class "B" Neat cemen
cement. Good cement was circulated to the surfactured 1220 sx of class "B" Neat cement containing	e.
Used 270 sx of class "B" Neat cement containing 5 per sx, and .8% fluid loss additives. This was t	
ed cement was circulated to the surface. Drilled $1/2$ ", $10.5\#$ production casing at 6896 ' on $5-7-80$ a	nd cemented in two stages:
320 on $4-25-80$ and cemented with 315 sx of class	"B" Neat cement containing 2% CaCl2.
including estimated date of starting any proposed work. If well is discussed and true vertical depths for all markers and zones pertiner added a 12-1/4" hole on 4-24-80 and drilled to 323	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is described to the control of	e all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and
(other) Spud & Set Casing	
MULTIPLE COMPLETE CHANGE ZONES ABANDON*	
REPAIR WELL PULL OR ALTER CASING MANAGEMENT OF THE COMPLETE	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
FRACTURE TREAT	
TEST WATER SHUT-OFF	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6373 GL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-045-24235 15. ELEVATIONS (SHOW DF, KDB, AND WD)
AT TOTAL DEPTH: Same	San Juan Mí 14. API NO.
below.) AT SURFACE: 980' FNL x 1780' FWL, Section 15, AT TOP PROD. INTERVAL: Same T27N. R10W	12. COUNTY OR PARISH 13. STATE
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	AREA NE/4, NW/4, Section 15, T27N, R10W
3. ADDRESS OF OPERATOR 501 Airport Drive Farmington, NM 87401	Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR
2. NAME OF OPERATOR Amoco Production Company	10. FIELD OR WILDCAT NAME
well well & other	9. WELL NO.
	8. FARM OR LEASE NAME Martin Gas Com "E"
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reserver, Use Form 9-331-C for such proposals.)	
ALLEN THE REPORT OF THE PROPERTY OF THE PARTY OF THE PART	7. UNIT AGREEMENT NAME
GEOLOGICAL SURVEY	

*See Instructions on Reverse Side