UNITED STATE

Form A	pproved	١.		
Budget	Bureau	Nο	42-R	1424

UNITED STATES	5. LEASE		
DEPARTMENT OF THE INTERIOR /	SF-077951A		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME		
	8. FARM OR LEASE NAME		
1. oil gas x other	Jack Frost "B"  9. WELL NO.		
2. NAME OF OPERATOR	1E		
Amoco Production Company	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	Basin Dakota/Angels Peak Gallup		
501 Airport Drive, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREASW/4, SW/4, Section 27, T27N R10W		
AT SURFACE: 615' FSL x 810' FWI,	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	San Juan New Mexico		
	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-045-24356		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW; DF, KDB, AND WD) 6158 G. E.		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	and the state of t		
FRACTURE TREAT	EIVED		
SHOOT OR ACIDIZE	The state of the s		
REPAIR WELL $\square$ $\square$ $00T$	(NOTE: Report results of multiple completion or zone		
MULTIPLE COMPLETE	change on Form 9–330.)		
MULTIPLE COMPLETE U. S. GEOL.	OGICAL SURVEY		
ABANDON*	STON, N. M.		
(other) completions operations	A Company of the Comp		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is discussived and true vertical depths for all markers and zones pertiner Completion operations commenced on 9-28-81. The plugback depth is 6300'. There were no peroperations. Pumped 59,000 gallons of 2% KCL without at 5582'. Released the rig or 10-7-81.	otal depth of the well is 6615 and rforations or fracturing during		
Subsurface Safety Valve: Manu. and Type	Set @ Ft.		
18. I hereby certify that the foregoing is true and correct Chighnel (%)			
SIGNED E. E. SVOSODA TITLE Dist. Admin.	Supvr <sub>BATE</sub> 10/28/81		
(This space for Federal or State of	fice use)		
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE		

\*See Instructions on Reverse Side

NMOCC

BY KI

