

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, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 850' FSL x 1710' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

15. 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) Completion Operations ☐

SUBSEQUENT REPORT OF:

RECEIVED
OCT 16 1981
U.S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

5. LEASE

SF-046563

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fred Feasel "G"

9. WELL NO.

1E

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M. OR BLK. AND SURVEY OR

AREA SW/4, SE/4, Section 2

T27N, R10W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

30-045-24724

15. ELEVATIONS (SHOW DF, KDB, AND WD)

5962' G.L.



(NOTE: Report results of multiple completion or change on Form 9-331-C)

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.)*

Completion operations commenced on 9-28-81. Total depth of the well is 6509' and the plugback depth is 6468'. Perforated intervals from 6269'-6280', 6308'-6314', and 6355'-6369' with 2 SPF, a total of 102 .38" holes. Fraced the formation with 55000 gallons of frac fluid, and 127456 pounds of 20-40 sand. Landed 2-3/8" tubing at 6394'. Released the rig on 10-2-81.

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 10-12-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 15 1981

*See Instructions on Reverse Side

AMOCO

BY

INGTON
SM