

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' FNL x 1670' 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) APD Extension			

5. LEASE
SF-077952

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
J. C. Gordon "D"

9. WELL NO.
4E

10. FIELD OR WILDCAT NAME
Undes. Gallup/Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE/4, NW/4, Section 23
T27N, R10W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-045-24879

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6459' G.L.

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

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.)*

Amoco Production Company requests an extension of approval for drilling, as the approval expires 12-4-81. Our plans call for drilling this well in the near future.



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 DEC 4 1981

(This space for Federal or State office use)
(Orig. Sgd.) RAYMOND W. VINYARD RAYMOND W. VINYARD
APPROVED BY _____ TITLE ACTING DISTRICT SUPERVISOR DATE DEC 07 1981
CONDITIONS OF APPROVAL, IF ANY:

Extended to 6-4-82

*See Instructions on Reverse Side

NMOCC