

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 Drive Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
990' FNL x 990' FEL, Section 25,
AT SURFACE: T-28-N, R-9-W
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) Completion	<input checked="" type="checkbox"/>		

5. LEASE
14-20-603-779

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Allottee

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Eskeenalwood Gas Com "B"

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE/4 NE/4 Section 25,
T-28-N, R-9-W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.
30-045-23306

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5806' GL

(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.)*

Completion operations commenced on 3/1/79. Pressure tested casing to 4200 psi; held OK. Perforated 6478-6498' x 2 SPF. Foam fraced with 36,050 pounds sand and 56,000 gallons frac fluid consisting of 2% KCL and 1 gallon surfactant and 25 pounds aquaseal/1000 gallons water and approximately 146,929 SCF of N₂. The 2-3/8" production tubing was landed at 6494'. Completion rig released on 3/3/79.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ Original Signed By _____ TITLE _____ DATE _____
E. E. SVOBODA

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

Gymocc