

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.)

AT SURFACE: 1600' FSL x 1520' FEL Section 18,
AT TOP PROD. INTERVAL: Same T28N, R10W
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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Spud & Set Surface Casing

5. LEASE

SF-047039

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Day Gas Com "A"

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Fulcher Kutz-Pictured Cliffs

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

NW/4 SE/4 Section 18, T28N, R10W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

14. API NO.

30-045-23774

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

5888' 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.)*

Spudded 12-1/4" hole on 11/3/79 and drilled to 326'. Set 8-5/8", 24.0# surface casing at 327' and cemented with 300 sx class "B" Neat cement containing 2% CaCl₂. Circulated out 18 sx Good cement.

Presently drilled toward TD.

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

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

SIGNED E. E. SVO TITLE Dist. Adm. Supr. DATE 11/13/79

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side