Form Approved. Budget Bureau No. 42-R1424

UNITED STATES	5. LEASE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DEPARTMENT OF THE INTERIOR	SF-047039
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	<u> </u>
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME.
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well other	Day Gas Com (IA)
2. NAME OF OPERATOR	TERMS AND
Amoco Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Fulcher Kutz-Pictured Cliffs
501 Airport Drive Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	NW/4 SE/4 Section 18, T28N, R10W
below.)	12. COUNTY OR PARISH 13. STATE
AT SURFACE: 1600' FSL x 1520' FEL, Section 18, AT TOP PROD. INTERVAL: Same T28N, R10W	San Juan New Mexico
AT TOP PROD. INTERVAL: Same T28N, R10W AT TOTAL DEPTH: Same	14. API NO. 14-25 E 6/2/2
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-045-23774
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REPORT, OR OTHER BITT	5888' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	- 5000 GB
TEST WATER SHUT-OFF	
FRACTURE TREAT	그 그는 그는 그 맛있다는 그를 하고 있었다.
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
REPAIR WELL	change on Form 9–330.)
PULL OR ALTER CASING	
CHANGE ZONES	그 그는 가는 한 사람들은 중에 중에 중했다고 있다.
ABANDON*	
(other) Completion Procedure	그 그 그 이 그를 다 하는 사람들이 없는 것이다.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	te all pertinent details, and give pertinent dates,
measured and true vertical depths for all markers and zones pertine	nt to this work.)
	1 1 1 - 5 11 40 2200 and nlugh
pletion procedures commenced on 12-12-79. Total	depth of well is 2200 and plugi
oth is 2169'. Perforated from 1958' to 1996' with	on cooff of and
er fraced with 56,536 gallons of frac fluid and	OU, UUU# UI Saliu.
bbed well and released rig on 12-15-79.	
	10000000000000000000000000000000000000

back d Com dep wat Swa

Subsurface Safety Valve: Manu. and Ty	pe	Set @ Ft.
18. I hereby certify that the foregoing i	strue and correct  TITLE Dist. Adm. Supvr. DATE	1-9-80
	(This space for Federal or State office use)  TITLE DATE	ACCEPTED FOR RECORD
APPROVED BY	MATE TO SEE	JAN 1 4'80

\*See Instructions on Reverse Side

BY. .....