

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 ☐ gas ☒ other ☐
well well
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: 910' FSL x 830' 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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other) ☐

SUBSEQUENT REPORT OF:

RECEIVED
JUN 20 1981
U.S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

5. LEASE
SF-047039-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
J. F. Day "D"
9. WELL NO.
1E
10. FIELD OR WILDCAT NAME
Basin Dakota/Bloomfield Chacra
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
SE/4, SE/4, Section 20, T28N, R10W
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO.
30-045-23990
15. ELEVATIONS (SHOW OF, KDB, AND WD)
6100' GL

(NOTE: Report results of multiple completion or 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.)*

The Blanco Mesaverde formation was plugged and abandoned in the following manner:

1. Set cement retainer at 4420'.
2. Squeezed Mesaverde perforations from 4467-4773 with 200 sacks of Class "B" Neat cement.
3. Stung into cement retainer at 4420'.
4. Set 5 1/2" cement retainer at 4100'.
5. Squeezed Mesaverde perforations from 4185-4357 with 200 sacks of Class "B" Neat cement.
6. Stung out of retainer.

We apologize for performing this work prior to obtaining your approval of our intentions.
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Dist. Admin. Supervisor DATE 6-22-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JUL 01 1981

CONDITIONS OF APPROVAL, IF ANY: ok

FOR INFORMATION COPY
NM OCC

Dean Elliott
FR DISTRICT ENGINEER