

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.)

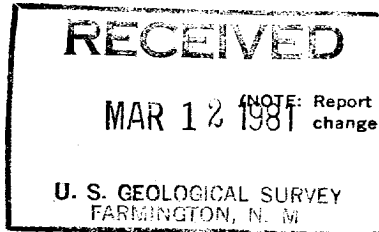
1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 910' FSL x 830' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE 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) Completion ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
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☐
☐



5. LEASE
SF047039
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/Blanco Mesaverde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/4, SE/4, Section 20
T28N, R10W
12. COUNTY OR PARISH San Juan 13. STATE NM
14. API NO.
30-045-23990
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6100' GL

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 again on 2-12-81. Fraced chakra interval from 3223-3235 with 27,500 gallons of foam and 50,000# of 10-20 sand. Released the rig on 3-4-81.

ACCEPTED FOR RECORD

MAR 17 1981

FARMINGTON DISTRICT
BY *[Signature]*

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

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

SIGNED _____ Original Signed By _____ TITLE Dist. Admin. Supvr DATE 3/11/81
B. E. SVOBODA

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side