

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 Dr., Farmington, N.M. 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

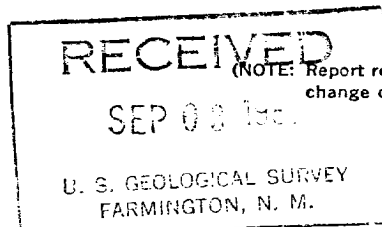
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 Operations ☒

SUBSEQUENT REPORT OF:

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5. LEASE
SF-047039

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
San Juan

13. STATE
New Mexico

14. API NO.
30-045-23990

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6100' G.L.

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 8-25-81. Total depth of the well is 6824' and the plugback depth is 6785'. Killed well with 160 barrels of 2% KCL water and pulled 2-3/8" tubing out of hole. Circulated hole clean to 4850' and set packer at 3409'. Landed the 2-1/16" tubing at 6687' and the 1-1/4" tubing at 3245'. Released the rig on 8-29-81.

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

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

SIGNED E. E. SVOBODA TITLE Dist. Admin. Supvr DATE 9-1-81

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

SEP 4 1981

FARMINGTON DISTRICT

BY RS