

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: 900' FNL x 1080' FWL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

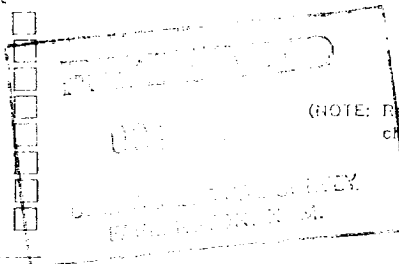
15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
SF-078106

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.
218E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T. R., BL. OR BLK. AND SURVEY OR AREA NW/4, NW/4, Section 22, T28N, R12W

12. COUNTY OR PARISH San Juan 13. STATE New Mexico

14. API NO.
30-045-24272

15. ELEVATIONS (SHOW DF, KDS, AND WD)
5650' C.L.

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, 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 9-28-81. Total depth of the well is 6219' and the plugback depth is 6174'. Perforated intervals from 5934'-5946', 6007'-6039', and 6044'-6054' with 2 SPF, a total of 112 .38" holes. Fraced the formation with 123000 gallons of frac fluid and 309000 pounds of 20-40 sand. Landed the 2-3/8" tubing at 6056'. Released the rig on 10-5-81.

Subsurface Safety Valve: Manu. and Type

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

SIGNED E. E. SVOBODA Original Signed By TITLE Dist. Admin. Supvr DATE 10-12-81

(This space for Federal or State office use)

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



*See Instructions on Reverse Side

NM000

BY

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OCT 15 1981