## UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF-079757A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME San Juan 29-4 Unit
(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.)	8. FARM OR LEASE NAME
1. oil gas X other	9. WELL NO.
2. NAME OF OPERATOR	22
AMOCO PRODUCTION COMPANY	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Blanco Pictured Cliffs
501 Airport Drive Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA SE/4 SW/4 Section 9,
below.) 790' FSL x 1630' FWL, Section 9,	T-29-N, R-4-W
AT SURFACE: T-29-N R-4-W AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
	Rio Arriba NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-039-21844
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6833' GL
	역항함으로 살 불성했던
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
MULTIPLE COMPLETE	그 그는 그 전 그 그렇는 밤 그 회의 얼룩살 되는 밤 그 그
CHANGE ZONES	그 그는 그 회사는 정상이하는 회사회장사이 없었다.
ABANDON*	
(other) Spudded and Set Csg.	HE HERE HE
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dependent and true vertical depths for all markers and zones pertiner Spudded 12-1/4" hole on 11/5/78. Drilled to and landed at 357'. Cemented with 300 sx Clacement. Pressure tested to 600 psi; held ok to 3943'. Ran 4-1/2", 10.5#, K-55 casing and 875 sx Class "B", 50:50 Poz, 6% gel, 2# Tuf "B" Neat. Did not circulate cement.  Rig released on 11/14/78.	367'. Ran $8-5/8$ ", $24\# \pm 6-55$ casing ass "B", $2\%$ CaCl <sub>2</sub> . Circulated good. Reduced hole to $7-7/8$ " and drilled d landed at $3943\%$ . Cemented with
	NOV 2 0 1978

Subsurface Safety Valve: Manu. and Typ	A STATE OF THE STA		Set @ F	
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18. I hereby certify that the foregoing is	true and correct			
Original Signature Signatu	TITLE Dist. Adm. Supvr.	DATE _	11/17/78	
See Bed O f OPE /	(This space for Federal or State office use)			
APPROVED BY	TITLE	DATE .		
CONDITIONS OF APPROVAL, IF ANY:			- 황스용요요 - 학류 - 월집회용	