

**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: 1220' FNL x 2250' FEL

AT TOP PROD. INTERVAL: Same

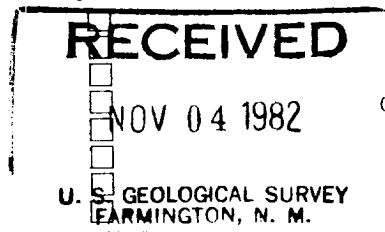
AT TOTAL DEPTH: Same

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:



5. LEASE
SF-079757A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan Unit 29-4

8. FARM OR LEASE NAME

9. WELL NO.
24

10. FIELD OR WILDCAT NAME
Undes. Gallup/Gobernador P. C.

11. SEC., T. R., M., OR BLK. AND SURVEY OR AREA
NW/4, NE/4, Section 8, T29N, R4W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.
30-039-22844

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7406' GL

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

1
Amoco Production Company plans to abandon the Dakota formation in the following manner:

1. Drill out existing bridge plug at 8100'.
2. Set bridge plug by wireline at 8540'.
3. Place 5 cubic feet Class "B" neat cement above the bridge plug to provide a seal.

Work commenced on 10-21-82 following verbal approval by Mr. Errol Becher to Mr. A. M. Montoya on 10-21-82.

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

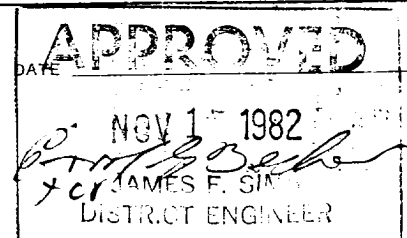
18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Admin. Supervisor DATE 11/2/82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

NMOCC