

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.) 990' FNL x 1650' FEL, Section 15, AT SURFACE: T-29-N, R-9-W  
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: SUBSEQUENT REPORT OF:  
TEST WATER SHUT-OFF ☐ ☐  
FRACTURE TREAT ☐ ☐  
SHOOT OR ACIDIZE ☐ ☐  
REPAIR WELL ☒ ☐  
PULL OR ALTER CASING ☐ ☐  
MULTIPLE COMPLETE ☐ ☐  
CHANGE ZONES ☐ ☐  
ABANDON\* ☐ ☐  
(other) \_\_\_\_\_

5. LEASE  
SF 078132  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
A. L. Elliott "C"  
9. WELL NO.  
10. FIELD OR WILDCAT NAME  
Blanco Mesaverde  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
NW/4, NE/4 Section 15, T-29-N, R-9-W  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
NM  
14. API NO.  
30-045-08377  
15. ELEVATIONS (SHOW DE KDB, AND WD)  
5937' 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.)\*

Amoco Production Company received verbal approval, Mr. McGrath to Mr. Fackrell on 4/10/79, to repair a suspected casing leak as follows:

- 1) Isolate casing leaks by pressure testing with a bridge plug and packer.
- 2) Squeeze leaks with cement.
- 3) Run a 5", 14.87# liner and tie into existing liner. Cement above liner with 475 sx cement.
- 4) Drill out cement and bridge plug and clean well up.
- 5) Land tubing and reconnect to sales line.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_ TITLE Dist. Adm. Supvr. DATE 4/19/79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

