UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

5 .	LEASE	
		SF-078132

_____ Set @ _____ Ft.

DEPARTMENT OF THE INTERIOR	SF-U/8132	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME	
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME	
1. oil gas X other	A. L. Elliott "A"	
Well Well Outlot	9. WELL NO.	
2. NAME OF OPERATOR	2	
Amoco Production Company	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR	Blanco Pictured Cliff/Fruitland	
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 NW/4, NW/4, Section 11,	
below.)	T29N, R9W	
AT SURFACE: 1085' FNL x 1010' FWL	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: Same	San Juan 😜 New Mexico	
AT TOTAL DEPTH: Same	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-045-08585	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
1	6266' GL	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF		
TEST WATER SHUT-OFF		
FRACTURE TREAT	2.12. 198 DEGELVE ON THE COLUMN COLUM	
SHOOT OR ACIDIZE REPAIR WELL FEB	(NOTE Aporturesults of multiple calputto) or zone	
PULL OR ALTER CASING	(NO regarded on Form 9–330.)	
MULTIPLE COMPLETE	FEB 2 8 1983	
CHANGE ZONES	Mac. Trans.	
ABANDON*	OIL CON. DIV.	
(other)	SIZ GOIV. DIV.	
OF COURT OF	<u> </u>	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and	
Amoco Production Company has not been pumping January 16, 1983. The well is currently shut	the referenced well since	
On or before end of 90 days Sobm		

APPROVED AS AMENDED

Subsurface Safety Valve: Manu. and Type

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

JAMES F. SIMS DISTRICT ENGINEER



____ TITLE _ ___

fusor TITLE Admin. Supvr. DATE February 18, 1983

_____ DATE __

(This space for Federal or State office use)