

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: 1085' FNL x 1010' FWL

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\* ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

(other) Return to Production

5. LEASE

SF-078132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

A. L. Elliott "A"

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Blanco Pictured Cliff/Fruitland

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/4, NW/4, Section 11, T29N, R9W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. API NO.

30-045-08585

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6266' GL

**RECEIVED**

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

**OIL CON. DIV.  
DIST. 3**

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.)\*

As requested, Amoco Production Company wishes to notify you that the above well has returned to flowing production. The well is producing up 2 7/8" tubing and flowing on its own after washing the perforations with 3000 gallons of 15% HCL. The pumping unit has been moved off location.

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

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

SIGNED [Signature] TITLE District Admin. Supvr. DATE 6-10-83

(This space for Federal or State office use)

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

JUN 1 1983

\*See Instructions on Reverse Side

**NMOCC**