

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.) 1500' FNL x 2120' FWL, Section 11,
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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Spud & Set Casing

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
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(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.)*

Spudded 13-3/4" hole on 1/19/79. Drilled to 327'. Set 9-5/8", 32.3# casing at 317' and cemented with 325 sx Class "B" Neat, 2% CaCl₂. Pressure tested with 800 psi; held OK.

Drilled 8-3/4" hole to 2850'. Set 7", 20# casing at 2850' and cemented with 435 sx Class "B" Neat, 50:50 Poz, 6% gel, .05% fluid loss additive and 10# Gilsonite per sx. Tailed in with 100 sx Class "B" Neat, 2% CaCl₂.

Drilled 6-1/4" hole to a total depth of 7160'. Set 4-1/2", 10.5# casing at 7160' and cemented first stage with 300 sx Class "B", 50:50 Poz, 6% gel, 2# medium tuf plug per sx and 0.8% fluid loss additive. Cemented second stage with 290 sx cement per above.

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 2/13/79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

Gymoce

