

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: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) Completion

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.)*

Completion operations commenced on 2/25/79. Pressure tested casing to 4300 psi; he held OK. Perforated 7021-29' and 7096-7109' x 2 SPF. Sand-water fraced with 49,750 pounds sand and 62,000 gallons cross-linked gel frac fluid consisting of 2% KCL, 1 gallon surfactant and 25#, J-84 per 1000 gallons water. Hit bridge with perf gun at 6767'. Circulated out sand and unloaded water with N₂. Perf 6927-43' x 2 SPF. Foam fraced with 45,600 gallons frac fluid per above, 42,100 pounds sand and approximately 209,200 SCF of N₂.

The 2-3/8" production tubing was landed at 7122'.

Completion rig released on 3/1/79.

Swabbed well.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED _____ TITLE Dist. Adm. Supvr. DATE 4/4/79

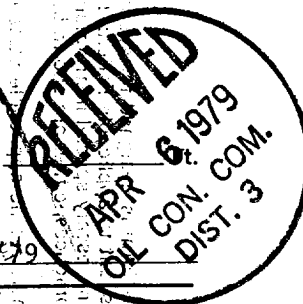
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

Form Approved.
Budget Bureau No. 42-R1424

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.	4
10. FIELD OR WILDCAT NAME	Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	SE/4 NW/4 Section 11, T-29-N, R-9-W
12. COUNTY OR PARISH	San Juan
13. STATE	NM
14. API NO.	30-045-23309
15. ELEVATIONS (SHOW DF, KDB, AND WD)	5945' GL, 5958' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



NYMCC