Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR SF-078132 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT 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 reservoir. Use Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME A. L. Elliotte"B" gas well [v other well 9. WELL NO. õ 8 2 2. NAME OF OPERATOR 10. FIELD OR WIEDCAT NAMES Amoco Production Company Fruitland/Blanco_Pictured_Cliffs 3. ADDRESS OF OPERATOR 11. SEC., T., R., M. OR BLK. AND SURVEY OR 501 Airport Drive, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 SW/4, NE/4, Section 10, T29N, below.) AT SURFACE: 1910' FNL x 1490' FEL 12. COUNTY OR PARISH 13 STATE AT TOP PROD. INTERVAL: Same 5 NM-=== San Juan 🚉 🗦 🖹 AT TOTAL DEPTH: Same 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 30-045-24202 - -REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DE KDB, AND WD) ક**ે? -5932 'ૈGL**' સુદ ટ REQUEST FOR APPROVAL TO: SUBSEQUENT TEST WATER SHUT-OFF anther cir ab FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report r sults of multip U. S. GEOLOGICAL SURVEY PULL OR ALTER CASING change on Form 9 FARMINGTON, N. M. MULTIPLE COMPLETE CHANGE ZONES ξ 380 ABANDON* (other) 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.)* The above well was completed on 8-1-80 to the Fruitland and Blanco Pictured Cliffs formations. The casing and cementing program remained the same. Amoco is in the process of obtaining a commingling order, but until such time as one is approved the Pictured Cliffs will be tested up the tubing and the Fruitland will be test up the annulus. All previous paperwork has shown a single completion to the Blanco Pictured Cliffs formation. Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct Original Signed By TITLE Dist. Adm. Supvr. DATE 9-18-80SIGNED E. E. SVOBODA (This space for Federal or State office use)

DATE

*See Instructions on Reverse Side

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 24 1980

FARMINGTON DISTRICT