Form 9-331 Dec. 1973

1. oil

well

2. NAME OF OPERATOR

AT SURFACE:

FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

(other)

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

AT TOTAL DEPTH:

3. ADDRESS OF OPERATOR

AT TOP PROD. INTERVAL:

gas

well

 \square

below.) 1790' FSL x 800' FWL

Amoco Production Company

Completion

Form Approved. Budget Bureau No. 42-R1424

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.)

other

50! Airport Dr., Farmington, NM 8740! 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

5. LEASE SF-077184
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Share Gas Com "B"
9. WELL NO.
10. FIELD OR WILDCAT NAME Blanco Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY O AREA NW/4, SW/4, Section 13 T29N, R9W
12. COUNTY OR PARISH 13. STATE San Juan NM
14. API NO. 30-0-5-24338

64071 GL

Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

Same

(NOTE: Report results of multiple completion 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.)*

Completion operations commenced on 4/9/81. Total depth of the well is 3186' and the plugback depth is 3140'. Perforated intervals from 2990'-3016' and 3034'-3050', with 2 spf, a total of 84, .38" holes. Fraced the formation with 112,500 callons of foam and 210,000 pounds of 10-20 sand. Landed the 2 3/8" tubing at 3055'. Released the rig on 4/13/81.

Subsurface Safety Valve: Manu, and Type)	Set @	Ft.
18. I hereby certify that the foregoing is	true and correct	• •	
SIGNED	Dist. Adm. Supvr.		
	(This space for Federal or State office _sa;		1
APPROVED BY	TITLE DATE	1.2 %	- ;