

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
I-89-LND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
USC Section 18

9. WELL NO.
34

10. FIELD AND POOL, OR WILDCAT
Hogback Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SW/4 SE/4 Section 18, T-29-N, R-16-W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL ☒ GAS ☐
WELL ☐ WELL ☐ OTHER

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

2475' FSL & 660' FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5047' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

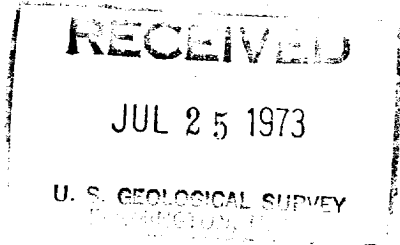
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) Spud & set casing	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

An 11" surface hole was spudded at 11:30 a.m. on July 19, 1973, with the 7-5/8" casing set at 64' with 50 sacks Class "A" cement with 2% CaCl₂. The cement circulated. The hole was reduced to 6-3/4" at 64' and drilling continued.

The 5-1/2" casing was set at 706' with 100 sacks Class "A" cement with 2% CaCl₂ on July 21, 1973. The cement circulated.



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

SIGNED J. ARNOLD SNELL TITLE Area Engineer DATE July 23, 1973

(This space for Federal or State office use)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R3556.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>										
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR <input type="checkbox"/>	Other <input type="checkbox"/>								
2. NAME OF OPERATOR		AMOCO PRODUCTION COMPANY													
3. ADDRESS OF OPERATOR		301 Airport Drive, Farmington, New Mexico 87401													
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 2475' FSL & 660' FSL													
At top prod. interval reported below		Same													
At total depth		Same													
14. PERMIT NO.		DATE ISSUED													
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD							
7-19-73		7-29-73		8-12-73		5047' GL, 5051' KB		-							
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS							
717' KB		-		-		→		0 - TD							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		716-717' (KB) Dakota							25. WAS DIRECTIONAL SURVEY MADE						
26. TYPE ELECTRIC AND OTHER LOGS RUN		Gamma Ray-Neutron							27. WAS WELL CORED						
28. CASING RECORD (Report all strings set in well)		Casing Size							Amount Pulled						
7-5/8"		24#		64' KB		11"		50 sx		None					
5-1/2"		15.5#		706' KB		6-3/4"		100 sx		None					
29. LINER RECORD		30. TUBING RECORD													
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										2-3/8"		696'			
31. PERFORATION RECORD (Interval, size and number)		Open hole completion													
32. ACID, SHOT, FRACTURE, CEMENT, OR OTHER SPECIAL TREATMENT		None													
33.* PRODUCTION		DATE FIRST PRODUCTION 8-12-73													
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		Pumping													
WELL STATUS (Producing or shut-in)		Producing													
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
8-12-73		24		-		→		22		TSTM*		13		-	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
5		0		→		22		TSTM		13		61			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY													
35. LIST OF ATTACHMENTS															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
SIGNED		J. ARNOLD SNELL		TITLE		Area Engineer		DATE		August 13, 1973					

*(See Instructions and Spaces for Additional Data on Reverse Side)

*Too small to measure.