

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-38
2. NAME OF OPERATOR AMCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2475' FKL & 460' FSL		8. FARM OR LEASE NAME USG Section 18
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5047' GL, 5051' KB	9. WELL NO. 34
		10. FIELD AND POOL, OR WILDCAT Hogback Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SU/4 SE/4 Section 18, T-20-N, R-16-W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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"/>		<input type="checkbox"/>

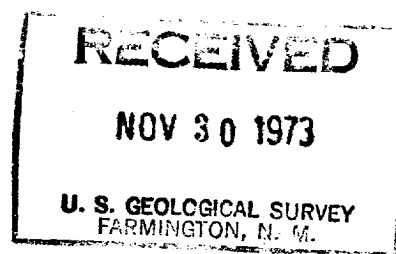
SUBSEQUENT REPORT OF:

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 type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Drilling deeper		<input checked="" type="checkbox"/>

(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.) *

This is to advise that the subject well was drilled two feet deeper to a new total depth of 719'. A service unit was moved in November 24, 1973 and rods and pump pulled. Tubing and bit were run to TD 717' and the hole drilled to new TD of 719'. The hole was circulated clean. Ran 2-3/8" production tubing to 696', hooked up wellhead and re-ran rods and pump. On 24-hour test well making 9 BO and 64 BW.



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

SIGNED J. ARNOLD SNELL TITLE Area Engineer DATE November 29, 1973

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

U.S.G. 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

1.

OIL WELL ☒ GAS 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

660' FSL & 2475' FKL

14. PERMIT NO.

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

5047' GL, 5051' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

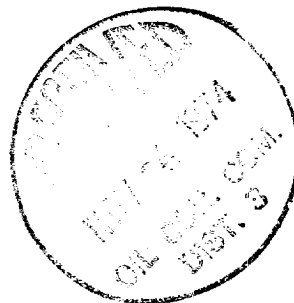
Present Status

X

(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.)*

U.S.G. Section 18 Well No. 34 was shut-in September 12, 1974, because oil production had dropped to zero. Amoco Production Company is presently doing a field study of the Hogback Dakota Field and upon its completion the future of the well will be determined.



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

Original Signed by

SIGNED **R. E. McCLESKEY**

TITLE **Area Engineer**

DATE **October 31, 1974**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

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(Other instructions on re-
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Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

U.S.G. Section 18

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34

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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

1.

OIL ☒ GAS ☐
WELL WELL OTHER

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.*
See also space 17 below.)
At surface

2473' FEL & 640' FEL, Section 18, T-29-N, R-16-W

14. PERMIT NO.

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

3047' GL, 3051' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☒

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

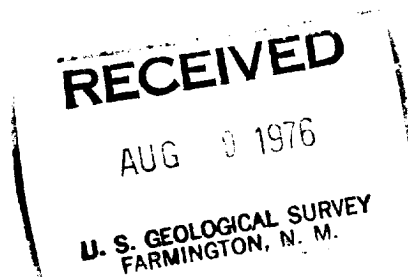
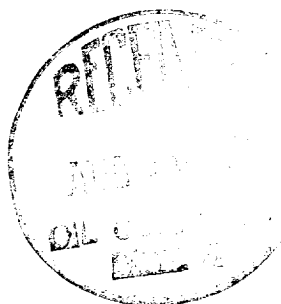
ABANDONMENT* ☐

(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.)*

Due to the subject well being unable to produce commercial quantities of hydrocarbons, we propose to abandon the well as follows:

- 1. Squeeze 10 sacks Class "A" Neat cement into the formation.**
- 2. Lead the 5-1/2" casing to the surface with Class "A" Neat cement.**
- 3. Cut off the wellhead. Erect P&A marker and clean up the location.**



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

SIGNED

[Signature]

TITLE

Area Engineer

DATE

August 5, 1976

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

[Signature]

*See Instructions on Reverse Side

UNITED STATES
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GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
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Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

U.S.G. Section 18

9. WELL NO.

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10. FIELD AND POOL, OR WILDCAT

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11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

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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 WE'L 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 and in accordance with any State requirements.*
See also space 17 below.)
At surface

2475' PHL & 660' PSL, Section 18, T-29-N, R-16-W

14. PERMIT NO.

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

5047' GL, 5051' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☒

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Due to the subject well being unable to produce commercial quantities of hydrocarbons, we plugged and abandoned it on 8-15-76 as follows:

- 1). Pulled rods, pump, and 697' of 2-3/8" tubing.
- 2). Squeezed 10 sacks Class "A" Neat cement into formation at 719'.
- 3). Loaded the 5-1/2" casing to the surface with 85 sacks of Class "A" Neat Cement.
- 4). Cut casing and erected P X A marker.
- 5). Cleaned up and resealed location. Reseeding was completed in accordance with Mr. Leonard Fuller, BIA, Shiprock, instructions of 9-8-76 using a total of 6-1/2 pounds per acre of Crested Wheat mix, Smooth Bromegrass, Four Wing Salt Bush and Nopal Alfalfa.



SEP 23 1976

GEOLOGICAL SURVEY

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

SIGNED

E. E. Svoboda

TITLE

Area Adm. Supervisor

DATE

9-22-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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I-89-IUD-58

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OIL ☐ GAS ☐
WELL ☒ WELL ☐ OTHER

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AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
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At surface

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FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

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FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

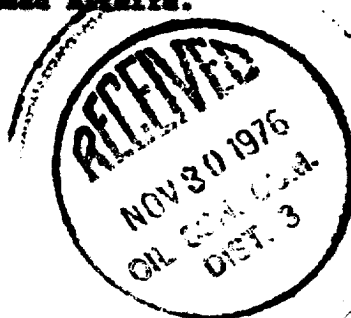
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SEP 23 1976
U.S. GEOLOGICAL SURVEY

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

SIGNED

E. I. McGrath

TITLE **Area Adm. Supervisor**

DATE **9-22-76**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

E. I. McGRATH
DISTRICT ENGINEER