

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 Infill

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
501 Airport Drive

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1970' FSL x 640' FEL, Section 19,
AT TOP PROD. INTERVAL: Same T29N, R12W
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 Operations

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 2-27-80. Total depth of well is 6093' and plug-back depth is 6058'.

Perforated intervals of 5924' to 5949' with 2 SPF, total of 50 holes. Mini-fraced with 160 barrels of 2% KCL water, 70 barrels of 2% KCL water, and 20,000 gallons 40# crosslink gelled water containing 20 gallons of surfactant, 2% KCL water, and 5% condensate.

Perforated intervals of 5848' to 5858' with 2 SPF, total of 20 holes. Mini-fraced with 160 barrels of 2% KCL water, 70 barrels of KCL water, and 20,000 gallons of water containing 20 gallons surfactant, 2% KCL water, and 5% condensate. Landed the 2-3/8" tubing at 5953'.

Swabbed the well then shut the well in for a 24 hour period. Released the plug on 3-16-80.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED _____

TITLE Dist. Adm. Supvr. DATE 3-21-80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

5. LEASE

SF-080723

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.

110E

10. FIELD OR WILDCAT NAME

Basin Dakota

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

NE/4, SE/4, Section 19, T29N, R12W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

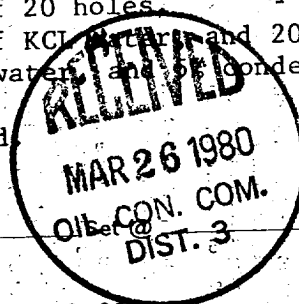
14. API NO.

30-045-23905

15. ELEVATIONS (SHOW DF, KDB, AND WD)

5402' GL

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



3-21-80

ACCEPTED FOR RECORD

MAR 25 1980

BY M. L. Kuchera