

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

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
501 Airport Drive Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 900' FSL x 1820' FEL, Section 15,
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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Casing Top

SUBSEQUENT REPORT OF:

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☐

RECEIVED

APR 17 1980

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE

NM-048573

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bruington Gas Com "B"

9. WELL NO.

1E

10. FIELD OR WILDCAT NAME

Basin Dakota

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

SW/4, SE/4, Section 15, T29N, R12W

12. COUNTY OR PARISH 13. STATE

San Juan NM

14. API NO.

30-045-24008

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

5547' GL

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 cement top behind the second stage of the 4-1/2" casing is to the surface.

ACCEPTED FOR RECORD

APR 17 1980

FARMINGTON DISTRICT
BY *[Signature]*

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OIL CON. COM.
DIST. 3

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED *[Signature]* TITLE Dist. Adm. Supvr DATE 4-14-80

(This space for Federal or State office use)

APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: