UNITED STATES

UNITED STAT		5. LEASE
DEPARTMENT OF THE	E INTERIOR	SF-078109
GEOLOGICAL SU	JRVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
CHARRY NOTICES AND DE	DODTE ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND RE	HORIS ON WELLS	Gallegos Canyon Unit
Do not use this form for proposals to drill or to eservoir. Use Form 9-331-C for such proposals.)	deepen or plug back to a different	8. FARM OR LEASE NAME
1. oil G gas 🕅		22 3 4 4
well well a other		9. WELL NO. 3 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmin	ngton NM 87401	Basin Dakota - 300 Basin Dakota
4. LOCATION OF WELL (REPORT LOCATION)		AREA SIND D & STA
below.)		SE/4, SE/4, Section 33, II29N, R12V
AT SURFACE: 1080' FSL x 920 AT TOP PROD. INTERVAL: Same	FEL, Section 33, T29N, R12W	12. COUNTY OR PARISH 13. STATE SanJuan NM
AT TOTAL DEPTH:Same		14. API NO. 2500 2 0550
16. CHECK APPROPRIATE BOX TO IND	CATE NATURE OF NOTICE,	30-045-24260
REPORT, OR OTHER DATA		15. ELEVATIONS2(SHOW DF, KDB, AND WD) 55291 GL 4 3 3 5
REQUEST FOR APPROVAL TO: SI	UBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF		
FRACTURE TREAT		그 그 그는 그는 등을 살았는 그들은 희생들이 되었다.
SHOOT OR ACIDIZE		(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING		change on Form 9-330.)
MULTIPLE COMPLETE		
CHANGE ZONES		이 그는 그는 이 이 현실수없이 다른 젖혀받을 때문다.
ABANDON* (other) Completion		
(other) Completion		<u> </u>
17. DESCRIBE PROPOSED OR COMPLET including estimated date of starting measured and true vertical depths fo	any proposed work. If well is	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and to this work)*
measured and true vertical deptils to	1 all markers and zones pertine	
Completion operations co and plugback depth is 61		Total depth of the well is 6214',
Perforated intervals fro	m 6040' to 6088' and	5968' to 5980' with 2 SPF, a
total of 120, .38" holes	•	상숙 목사 회 사는 한 경험 회회 사
Landed 2-3/8" tubing at		
Blew the well dry with a	ir and released the	rig on 6-12-80.
	·	
		9 8 8 8 8 8 9 8 8 8 8 8 8 8 8 8 8 8 8 8
Subsurface Safety Valve: Manu. and Type		Set @
18. I hereby certify that the foregoing is t	true and correct	3 3 3
SIGNED E E SYCBUDA	TITLE Dist. Adm. S	Supvr. DATE 6-17-80
	(This space for Federal or State of	
APPROVED BY	TITLE	DATEDATE
CONDITIONS OF APPROVAL, IF ANY:		ACCUPACE THE
•	NINION	0.000

*See Instructions on Reverse Side

