

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 Dr., Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1100' FSL x 800' FEL
AT TOP PROD. INTERVAL: Same
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* ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(other) Completion Operations

5. LEASE
SF-078926
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Gallegos Canyon Unit
8. FARM OR LEASE NAME
9. WELL NO.
86E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SE/4, SE/4, Section 35, T29N, R13W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
30-045-24958
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5725' G.L.

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

RECEIVED

FEB 07 1982

U. S. GEOLOGICAL SURVEY

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 1-25-82. Total depth of the well is 6345' and the plugback depth is 6296'. Perforated intervals from 6104'-6124', 6134'-6152', and 6190'-6240', with 2 SPF, a total of 176, .38" holes. Fraced the formation with 133,000 gallons of frac fluid and 358,000 pounds of 20-40 sand. Landed the 2-3/8" tubing at 6223'. Released the rig on 1-30-82.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Dist. Admin. Supvr DATE FEB 5 1982

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC