

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 ☐ gas ☒ 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: 940' FNL x 1590' 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* ☐
(other) Completion Operations

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
SF-078370

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.
96E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA
NW/4, NE/4, Section 18
T29N, R12W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-045-25213

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5601' G.L.

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



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 11-14-81. Total depth of the well is 6340' and the plug back depth is 6270'. Perforated intervals from 6068'-6074', 6092'-6093', 6136'-6140', 6144'-6170', and 6183'-6186, with 2 SPF, a total of 90 .38" holes. Fraced the formation with 100,000 gallons of frac fluid and 299,000 pounds of 20-40 sand. Landed 2-3/8" tubing at 6203'. Released the rig on 11-19-81.

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 DEC 4 1981

(This space for Federal or State office use)

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

DEC 08 1981

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT

BY Smm