

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill for or deepen a well. 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: 850' FNL x 1550' FWL
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:

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

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. 133E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4, NW/4, Section 17, T29N, R12W

12. COUNTY OR PARISH San Juan 13. STATE New Mexico

14. API NO.
30-045-25234

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5589' GL

RECEIVED

DEC 31 1981

(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 12-16-81. Total depth of the well is 6311' and the plugback depth is 6267'. Perforated intervals from 6066'-6072', 6084'-6090', 6138'-6172', and 6184'-6202', with 2 SPF, a total of 128, .34" holes. Fraced the formation with 107,000 gallons of frac fluid and 325,000 pounds of 20-40 sand. Landed the 2-3/8" tubing at 6226'. Released the rig on 12-24-81.

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 12/29/81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

JAN 05 1982

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT

BY Sm