

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: 1850' FNL x 1650' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
NM-021119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Florence 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
SE/4, NW/4, Section 9, T29N, R12W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.
30-045-25541

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5716' GL

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

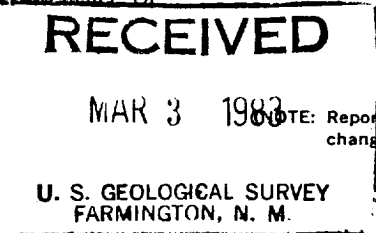
PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON* Completion (other)

SUBSEQUENT REPORT OF:



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 1-10-83. Total depth of the well is 6559' and plugback depth is 6484'. Perforated interval 6406-6401', 6369-6330', 6278-6266', with 2 jspf, a total of 112 .38" holes. Fraced interval with 137,500 gallons 40# cross-linked gelled water containing 2% KCL, 5% condensate, 1 gal/1000 surfactant, and 428,000# of 20-40 sand. Landed 2-3/8" tubing at 6390'. Released rig on 1-15-83.

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

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

SIGNED _____ TITLE Admin. Supvr. DATE 3-2-83.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

MAR 07 1983

FARMINGTON DISTRICT

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