

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 *for NW Pipeline*

3. ADDRESS OF OPERATOR
501 Airport Drive Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
2850 FSL X 790' FWL Sec 17, T31N,
AT SURFACE: R5W
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

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

5. LEASE SF-078767	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME Rosa Unit	
8. FARM OR LEASE NAME	
9. WELL NO. 68	
10. FIELD OR WILDCAT NAME Basin Dakota	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA NW/4-SW/4 Section 17, T31N, R5W	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico
14. API NO. 30-039-22123	
15. ELEVATIONS (SHOW DE KDB AND WD) 6311' GL	

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) operator change	<input type="checkbox"/>

(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.)*

Amoco Production Company has turned the subject well over to Northwest Pipeline Corporation, the Rosa Unit Operator.
The new operator's address is:

Northwest Pipeline Corporation
P. O. Box 90
Farmington, NM 87401

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct
Original Signed By _____

SIGNED E. E. SVOBODA TITLE Dist. Adm. Supvr. DATE 6-11-80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 18 1980

FARMINGTON, CONNECTICUT

BY.

*See Instructions on Reverse Side