

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other instructions on reverse side)

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. 14-24-604-62 (Cons.) I-22-IND-619	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribal	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2270' FNL & 1700' FEL, Unit "G"		8. FARM OR LEASE NAME Mt. Ute Gas Com "A"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 6038', RDB 6052'		10. FIELD AND POOL, OR WILDCAT Ute Dome Paradox	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4 Section 3, T-31-N, R-14-W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELLS <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drill Stem Testing</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)*

DST NO. 1 2364-2435'. Recovered 40' slightly gas cut mud. Tool open 5 minutes with weak blow throughout. Shut in one hour and opened tool with strong blow and gas to surface in 33 minutes. Gas blow TSTM throughout 3 hour interval. Shut in for 3 hours and 5 minutes. Initial hydrostatic pressure 1200, instant SIP 795, initial flowing pressure 79 and final flowing pressure 105, final SIP 821 and final hydrostatic pressure 1187.

DST NO. 2 2465-2610'. Recovered 210' drilling mud. Opened tool 5 minutes with good blow and shut in one hour. Opened tool one hour with no blow. Shut in one hour. Tool plugged.



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

SIGNED _____	TITLE <u>Area Engineer</u>	DATE <u>May 19, 1971</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

MAY 20 1971

U. S. GEOLOGICAL SURVEY