

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)		5. LEASE DESIGNATION AND SERIAL NO. 14-20-604-78
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribe
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401		8. FARM OR LEASE NAME Mt. Ute Gas Com "C"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1500' FNL & 1950' FEL		9. WELL NO. 1
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Ute Dome Dakota
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6120' GL, 6131' KB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4 NE/4 Section 1, T-31-N, R-14-W
12. COUNTY OR PARISH		13. STATE San Juan 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"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
	WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input checked="" type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <u>Set 5-1/2" casing</u> <input checked="" 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.)*

The 5-1/2" casing was set at 2618' and cemented with 545 sacks Class "C" cement with 4% Gel. Tested casing with 2100 psi OK. Displaced hole with treated water containing 0.8% KCl. Spotted 500 gallons 15% acid. Perforated casing at 2374-78', 2408-2412', 2416-2420', 2432-2436', 2446-2452', and 2494-2501' with 1 shot per foot. Displaced acid into formation with breakdown pressure at 1500 psi and injection rate at 2 BPM. Sand-water fracked with 21,798 gallons treated water containing 0.8% KCl and 7 pounds J-2 per 1,000 gallons and 20,000 pounds 20-40 sand. Breakdown pressure 1500, maximum treating pressure 2400, average treating pressure 1800. Average injection rate 31.4 BPM. Opened well to atmosphere to clean up and blew down instantly. Ran swab and well unloaded gas and water. On test well made 1592 MCFD.



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

SIGNED _____	TITLE <u>Area Engineer</u>	DATE <u>February 28, 1972</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		



FEB 29 1972

*See Instructions on Reverse Side

S. GEOLOGICAL SURVEY
DURANGO, COLO.