

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 Drive Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1840' FNL x 2310' FEL, Section 36,
AT SURFACE: T-32-N, R-14-W
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:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Spud & Set Casing	

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.)*

Spudded 12-1/4" hole on 4/26/78. Drilled to 304'. Set 8-5/8" 24#, K-55 casing at 304' with 300 sx Class "B", Neat with 2% CaCl₂. Circulated 35 sx good cement. Pressure tested casing to 500#; held OK.

Drilled 7-7/8" hole to a total depth of 2800'. Set 4-1/2" 10.5#, K-55 casing at 2800' with 620 sx, 50:50 Poz, 6% gel, 2 lbs. medium Tuf Plug per sx. Tailed in with 100 sx Class "B" Neat; 2% CaCl₂. Circulated 35 sx cement.

Rig released 5/2/78.

Subsurface Safety Valve: Manu. and Type _____ Ft.

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

SIGNED E. [Signature] TITLE Area Adm. Supvr. DATE 5/5/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE 14-20-604-62 (cons.)
I-22-IND-619

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ute Mountain Tribe

7. UNIT AGREEMENT NAME Development
Contract No. 14-20-604-62

8. FARM OR LEASE NAME
Ute Indians "A"

9. WELL NO.
12

10. FIELD OR WILDCAT NAME
Ute Dome Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4 NE/4 Section 36,
T-32-N, R-14-W

12. COUNTY OR PARISH San Juan 13. STATE NM

14. API NO.
30-045-22950

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6277' GL, 6290' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

