

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 940' FWL, Section 25, AT SURFACE: T32N, R14W
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 6/24/79. Drilled to 308'. Set 8-5/8", 24# casing at 307' and cemented with 300 sx Class "B" Neat, 2% CaCl₂; 1/4# Cello Flake per sx. Circulated approximately 10 sx good cement.

Drilled 7-7/8" hole to TD and set 4-1/2", 10.5# casing and cemented with 645 sx Class "B" Neat, 65:35 Poz, 6% gel, 1/4# Flo-cel per sx and 2# Medium Tuf Plug per sx. Tailed in with 100 sx Class "B" Neat cement. Circulated out 15 sx good cement.

Rig released on 6/30/79.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED [Signature] TITLE Dist. Adm. Supvr. DATE 7/9/79

(This space for Federal or State office use)

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

Form Approved.
Budget Bureau No. 42-R1424

5. LEASEMOO-C 1420-0627
I-22-IND-619

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mtn. Ute Gas Com

9. WELL NO.

10. FIELD OR WILDCAT NAME
Ute Dome Dakota

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
SW/4 NW/4 Section 25, T32N, R14W

12. COUNTY OR PARISH
San Juan

13. STATES
NM

14. API NO.
30104523499

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6813' GL

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

