Form 9-331 (May 1963)

UNITED STATES SIDEPARTMENT OF THE INTERIOR STATES

SUBMIT IN TRIPLICATE*
(Other instructions on re-

Form approved.
Budget Bureau No. 42-R1424

DEPARTMENT OF THE INTERIOR (Other Instructions on Interior of the Interior of			5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTION (Do not use this form for propose Use "APPLICA"	CES AND REPORTS als to drill or to deepen or plug TION FOR PERMIT—" for such i		,,
OIL GAS WE'LL CAS OTHER		(10 10	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
AMOCO PRODUCTION COMPANY			A. L. Elliott "B"
3. Address of operator 501 AIRPORT DRIVE, FAR	MINGTON, NM 87401	Con Contraction	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 890 FSL x 1520 FEL, Section 10, T-29-N, R-9-W			10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
			SW/4 SE/4 Section 10.
			T-20-35 P-0-13
14. PERMIT NO.	15. ELEVATIONS (Show whether D		12. COUNTY OR PARISH 13. STATE
	5832' GL, 5845	· KB	San Juan NM
16. Check Ap	propriate Box To Indicate I	Nature of Notice, Report, o	or Other Data
NOTICE OF INTENTION TO:			SEQUENT REPORT OF:
TEST WATER SHUT-OFF P	ULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	ULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	BANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL C	HANGE PLANS	(Other)	Completion x
(Other)		(NOTE: Report res Completion or Reco	ults of multiple completion on Well ompletion Report and Log form.)
4076-4100, 4106-14, 41 4278-82, 4288-98, 4338 4670-88, 4710-14, 4722	22-26, 4132-56, 416 -44, 4356-64, 4372- -30, 4756-64, 4778- 0 gallons of frac f 1lons water; and 23	6-86, 4195-4204, 42 84, 4408-32, 4456-74 84. Sand water hydr luid containing 1% 1 1,600# of sand was 1	rafrac in three stages KCL, 20# Gel, and 1 gallon used at 2#/gallon. Ran
			REFILED
		•	JAN 13 1976 OIL CON. COM. DIST. 3
18. I hereby certify that the foregoing is	7 1	ea Adm. Supervisor	DATE 1/10/78
			-
(This space for Federal or State offic			
APPROVED BY CONDITIONS OF APPROVAL, IF A	TITLE		DATE

RECEIVED