

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 ☐ gas ☒ other

2. NAME OF OPERATOR  
Amoco Production Company

3. ADDRESS OF OPERATOR  
501 Airport Dr., Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1040' FSL x 790' FEL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

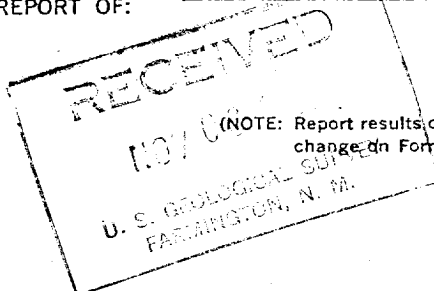
REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

(other) APD Extension

SUBSEQUENT REPORT OF:

☐  
☐  
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5. LEASE  
Jicarilla Contract 148

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla Contract 148

9. WELL NO.  
19

10. FIELD OR WILDCAT NAME  
Otero Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SE/4, SE/4, Section 14, T25N, R5W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

14. API NO.  
30-039-22545

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6861' G.L.

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.)\*

Amoco Production Company requests an extension of approval for drilling, as the approval expires 11-18-81. Our plans call for drilling this well in the near future.

*Extended to 5-18-82*



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Original Signed By \_\_\_\_\_ TITLE District Engineer DATE 11-5-81

(This space for Federal or State office use)  
APPROVED BY (Orig. Sgd.) RAYMOND W. VINYARD TITLE RAYMOND W. VINYARD DATE NOV 09 1981  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side

NMOCC