

## SUNDRY NOTICES AND REPORTS ON WELLS

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.)

AT SURFACE: 950' FSL x 1050' 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:

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"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON**	<input type="checkbox"/>

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(other) Extension of Drilling Permit

RECEIVED NOTE:

JAN 25 1994

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

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.)<sup>a</sup>

Amoco Production Company requests an extension of our application to drill the above referenced well, as it is due to expire on February 16, 1984.

extended to 8/16/89

6/84  
RECEIVED  
JAN 31 1984  
OIL CON. DIV.  
DIST. 3  
Set ©

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

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

SIGNED Original Signed By Dist. Adm. Supervisor DATE January 23, 1984

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

WMOO