

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, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120' 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) completion

SUBSEQUENT REPORT OF:

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

NOV 16 1983

NOV 21 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREAOIL CON. DIV.
DIST. 3

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.)*

Moved in and rigged up the service unit on 9-27-83. The total depth of the well is 6088' and the plugback depth is 6036'. Pressure tested the production casing to 3800 psi. Perforated the following intervals: 5400'-5404', 5416'-5436', 5448'-5494', 5500'-5508', 5866'-5906', 5920'-5930', 5942'-5952', 2 jspf, .33" in diameter for a total of 276 holes. Fraced interval 5952'-5866' with 50,000 gals. of 20# gelled water with 2% KCl containing 1 gal. surfactant per 1000 gals. and 88,000# of sand. Fraced interval 5508'-5400' with 67,500 gals. of 20# gelled water with 2% KCl containing 1 gal. surfactant per 1000 gals. and 120,000# of sand. Landed 2.375" tubing at 5983' and released the service unit on 10-5-83.

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 Administrative Supervisor DATE 11-15-83
D.D. Latham

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NOV 18 1983

NMOCC

FARMINGTON RESOURCE AREA
BY Smu