

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.)  
AT SURFACE: 1025' FSL x 1610' FEL Section 7,  
AT TOP PROD. INTERVAL: Same T28N, R10W  
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) <u>Spud &amp; Set Casing</u>	

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 10/26/79 and drilled to 306'. Set 8-5/8", 24.00# surface casing at 306'. Cemented casing with 350 sx class "B" Neat cement containing 2% CaCl<sub>2</sub>. Circulated out 20 sx Good cement.

Drilled 7-7/8" hole to TD of 2219' and set 4-1/2", 10.50# production casing at 2209'. Cemented production casing with 415 sx cement containing 50:50 Poz, 6% Gel, and 2# Medium tuf plug per sx. Circulated out 10 sx Good cement.

Released rig on 11/1/79.

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

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

SIGNED \_\_\_\_\_ TITLE Dist. Adm. Supr. DATE 11/13/79

(This space for Federal or State office use)

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

NMOCC

\*See Instructions on Reverse Side

5. LEASE SF-047039 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME J. F. Day "B"
9. WELL NO. 2
10. FIELD OR WILDCAT NAME Fulcher Kutz-Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4 SW/4 Section 7, T28N, R10W
12. COUNTY OR PARISH San Juan
13. STATE New Mexico
14. API NO. 30-045-23773
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5830' GL

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

