

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: 910' FSL x 830' 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:

RECEIVED
FEB 06 1981
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
SF 047039
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
J. F. Day "D"
9. WELL NO.
1E
10. FIELD OR WILDCAT NAME
Basin Dakota/ Blanco Mesaverde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SE/4, SE/4, Section 20, T28N, R10W
12. COUNTY OR PARISH San Juan 13. STATE NM
14. API NO.
30-045-23990
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6700' GL

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.)*

Completion operations commenced again on 1-17-81. Total depth of the well is 6813' and plug back depth is 6785'. Perforated mesaverde intervals from 4185-4357 with 2 spf, a total of 344, .38" holes. Swabbed the well and released the rig on 1-25-81.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED E. E. SVOBODA TITLE Dist. Admin. Supvr DATE 2-5-81

(This space for Federal or State office use)

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