

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 ☐
well well

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.) 1670 FSL X 800 FEL
AT SURFACE: Section 27, T28N, R10W
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON ☐
(other) completion ☐

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
SF-077383A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Kutz Deep Gas Com "D"

9. WELL NO.
1E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE/4 SE/4
Section 27, T28N, R10W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-045-24112

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5806' GL

(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.)*

Completion operations commenced on 5-31-80. Total depth of the well is 6476', and plugback depth is 6426'. Perforated intervals from 6385-6392', 6245-6254', and 6303-6349', with 2 SPF, a total of 124, .38" holes. Sand-water fraced with 94,000 gal of frac fluid, and 284,000# of 20-40 sand. Landed 2-3/8" tubing at 6374'. Swabbed the well and released the rig on 6-5-80.

ACCEPTED FOR RECORD

JUN 27 1980

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED _____ TITLE Dist. Adm. Supvr. DATE 6-23-80

(This space for Federal or State office use)

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