UNITED STATES DEPARTMENT OF THE INTERIOR

	5.	LEASE
١		SF-078106
l	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
1		
1	7.	UNIT AGREEMENT NAME
1		Gallegos Canyon Unit
	8.	FARM OR LEASE NAME
	9.	WELL NO.
		229E
	10.	FIELD OR WIEDCAT NAME 1987
		Basin Dakota
	11.	SEC., T., R., M., OR BLK. AND SURVEY OF
		AREA NE/4, SE/4
		Section 21, T28N, R12W
-	12.	COUNTY OR PARISH 13. STATE
-		San Juan New Mexico
	14.	API NO.
- 3	i	20 0/5 00000

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. nil gas well \mathbf{x} other 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 1820' FSL X 1080' FEL below.) Section 21, T28N, R12W AT SURFACE: AT TOP PROD. INTERVAL: same AT TOTAL DEPTH: same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 30-045-23900 REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5610' GL SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone, change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES JUL 34 1980 ABANDON* completion (other) OIL CON! COM.

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perbeat 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 6-18-80. Total depth of the well is 6169', and plug back depth is 6122'. Perforated interval from 5910' to 5928' and 5982' to 6042' with 2 spf, a total of 156, .40" holes. Sand water fraced with 94,400 gal of frac fluid, and 115,750# of 20-40 sand.

Landed 2-3/8" tubing at 6069'. Swabbed the well and released the rig on 6-23-80.

Subsurface Safety Valve: Manu. and Ty 18. I hereby certify that the foregoing i	pes true and correct	Set @	Ft.
		7-2-80	OROZRECORO
APPROVED BY	TITLE Dist. Adm. Supvr. DATE (This space for Federal or State office use) TITLE DATE	l'Estat.	1 1 1080
			A = A + A + A