UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

(other) Ground Level Elevation Correction

| Form 9–331 | Budget Bureau No. 42–R1424 | |
|---|---|--|
| UNITED STATES | 5. LEASE | |
| DEPARTMENT OF THE INTERIOR | SF-078106 | |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME | |
| (Do not use this form for proposals to drill or to deepen or plug back to a different | Gallegos Canyon Unit | |
| (Do not use this form for proposals to drive of Samuel Control of | 8. FARM OR LEASE NAME | |
| 1. oil gas X other | 9. WELL NO. | |
| 2. NAME OF OPERATOR | 209E | |
| Amoco Production Company | 10. FIELD OR WILDCAT NAME | |
| 3. ADDRESS OF OPERATOR | Basin Dakota | |
| 501 Airport Dr., Farmington, NM 87401 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR | |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA SW/4, NW/4, Section 15 | |
| AT SURFACE: 1850' FNL x 1120' FWL | 12. COUNTY OR PARISH 13. STATE | |
| AT TOP PROD. INTERVAL: Same | San Juan New Mexico | |
| AT TOTAL DEPTH: Same | 14. API NO. 30-045-24865 | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | 30-043-24863 | |

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 55321 SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL charge on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES FARIMENCION, N. M. ABANDON*

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.)*

Correct ground level elevation should be 5532' and not 5332' as reported previously.



| Subsurface Safety Valve: Manu. and Type | 3 | Set @ Ft. |
|--|--|--------------|
| 18. I hereby certify that the foregoing is | true and correct | FEB 2 2 1982 |
| | (This space for Federal or State office use) | |
| APPROVED BY | TITLE DA | TE |

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

FEB 24 1982