UNITED STATES

5/LEASE		
	NM0546	
6	IF INDIAN, ALLOTTEE OR TRIBE NAME	

UNITED STATES	J/ ELNOC
DEPARTMENT OF THE INTERIOR	NM0546
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
1. oil gas X other	Bell Federal Gas Com "B" 9. WELL NO. 1E
2. NAME OF OPERATOR Amoco Production Company	10. FIELD OR WILDCAT NAME Basin Dakota
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/NW, Section 11, T30N, R
below.) AT SURFACE: 1790' FNL x 1650' FWL	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-045-25643 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5879 GL
MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Completion 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones perting the completion operations commenced 5-2-83. Total depth is 6638'. Pressure tested casing to 3800	AL SURVEY Charge on Form 9-330.) AL SURVEY N. M. At all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and tent to this work.)* depth of the well is 6680' and plugb psi. Perforated the following heles: 6466'-6472', 6478'-6482',
depth is 6638'. Pressure tested casing to 3800 intervals with 2 JSPF for a total of 110, .38" 5523'-6528', 6536'-6542', 6550'-6584'. Fraced crosslinked gel containing 2% KCL, 5% condensat and 150,000# 20-40 mesh sand. Tripped in with it at 6501'. Released the rig on 5-8-83.	entire interval with 81,860 gals 40#
	<u>-</u> .

______ Set @ ______ Ft. Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct signed _______ TITLE \underline{Dis} TITLE Dist. Admin. Supvrbate 6/10/83 (This space for Federal or State office use) APPROVED BY _____ TITLE ____ DATE ______ DATE _____

Moust the FOR RECORD

*See Instructions on Reverse Side

JUN 16 pen

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