

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.)
1725' FNL x 1960' FWL, Section 11,
AT SURFACE: T-31-N, R-14-W
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	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)		<u>Well Completion</u>	

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 2/2/78. Ran 2-7/8" tubing with bit; drilled DV tool at 2798'; cleaned out to 8208' PBD. Pressure tested casing to 2500 psi; held OK. Perforated 7357-8148. Acidized with 13,000 gallons 28% HCL and fraced with 70,000 lbs. SN and 35,000 gallons frac fluid. Tripped in with tubing and cleaned out frac sand and fluid to 8202' PBD. Set packer at 7312'. Ran production tubing and landed at 8093'; loaded back side with treated condensate.

Completion rig released 2/17/78.

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

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

Original Signed By _____
SIGNED E. E. SVOBODA TITLE Area Adm. Supvr. DATE 3/17/78

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

5. LEASE	<u>14-20-604-78</u>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	<u>Ute Mountain Tribe</u>
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	<u>Ute Mountain Gas Com "M"</u>
9. WELL NO.	<u>1</u>
10. FIELD OR WILDCAT NAME	<u>Ute Dome Paradox</u>
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA SE/4-NW/4 Section 11, T-31-N, R-14-W	
12. COUNTY OR PARISH	San Juan
13. STATE	NM
14. API NO.	<u>30-045-22736</u>
15. ELEVATIONS (SHOW DF, KDB, AND WD)	<u>5809' GL, 5822' KB</u>

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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