

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.)
990' FNL x 1540' FWL, Section 12,
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 ☐ ☐

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON* ☐ ☐

(other) Perforate & Frac Gallup Zone

5. LEASE
14-20-604-78

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ute Mountain Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Ute Mountain Tribal "J"

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Undesignated Dakota

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
NE/4, NW/4 Section 12,
T-31-N, R-14-W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

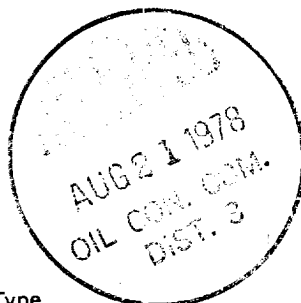
14. API NO.
30-045-22947

15. ELEVATIONS (SHOW DE KDB AND WD)
6139' 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.)*

On 7/15/78, perforated Gallup zone 2190-2246'. Fraced with 60,000 pounds sand and 30,000 gallons frac fluid. SI 4 hours. SIP, 750 psi. Flowed well back 1 hour. FP 360. Flowed for 3 hours and died. Tripped in with tubing. Landed at 2263'. Swabbed 5 runs lifting 1 bbl. water per run. No shows of gas. Tripped out with tubing.



Subsurface Safety Valve: Manu. and Type

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

SIGNED E.E. Svoboda TITLE Area Adm. Supvr. DATE 8/14/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: