

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.) 1040' FSL x 810' FWL, Section 24, AT SURFACE: T-32-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) Set Production Casing

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.)*
Drilled 7-7/8" hole to a total depth of 2800'. Set 4-1/2" 10.5#, K-55 casing at 2800' with 620 sx Class "B", 50:50 Poz, 6% gel, 2 lbs. medium Tuf Plug per sx. Followed with 100 sx Class "B", 2% CaCl₂. Circulated 35 sx cement.

Rig released 5/2/78.

5. LEASE
MOO-C-1420-0627
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ute Mountain Tribe
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Ute Mountain Tribal "L"
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Undesignated Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4 SW/4 Section 24, T-32-N, R-14-W
12. COUNTY OR PARISH 13. STATE
San Juan NM
14. API NO.
30-045-22949
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6771' GL, 6784' KB

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

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

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

SIGNED W. L. MOLODA TITLE Area Adm. Supvr. DATE 5/4/78

(This space for Federal or State office use)

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