I-149-IND-8477

5. LEASE

## UNITED STATES DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Navajo Tribe
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
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR	241E
Amoco Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
501 Airport Drive, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA SE/SW, Section 29, T28N, R12W
below.)	
AT SURFACE: 840' FSL x 1850' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	San Juan New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-045-25171
REPORT, OR OTHER DAIN	ELECTIONS (SHOW DE, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT	5551' GL
REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE	(NOTE ENeport results of multiple completion or zone SUR change on Form 9–330.)
FRACTURE TREAT	·203
SHOOT OR ACIDIZE	1200
REPAIR WELL \( \begin{array}{cccccccccccccccccccccccccccccccccccc	(NOTE) Report results of multiple completion or zone
PULL OR ALTER CASING	CAL SUR change on Form 9-330.)
MULTIPLE COMPLETE	104 W.
CHANGE ZONES	1,
ABANDON* U U V FAR" (other) APD Extension	
(other) APD EXTENSION	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and
Amoco Production Company requests an extension approval expires 2-28-83. Amoco would like the but is having a problem obtaining NIIP right-o	o drill this well by March 31, 1983
	-28-83 MEGETYED
	and the second of the second o

			DET. 4	
Subsurface Safety Valve	e: Manu. and Type		Set @	Ft.
18. I hereby certify that				
SIGNED		TITLE Admin. Supvr.	DATE 1/28/83	
		(This space for Federal or State office use	APPROVED	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	AL, IF ANY:	TITLE	• • •	
			MAD 01 1983	
		*See Instructions on Reverse Side	FORMES F. SIMS	

PISTRICT ENGINEER