

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-780

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Allottee
Eskeenalwood

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Eskeenalwood Gas Com "A"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREANW/4 SE/4 Section 25,
T-28-N, R-9-W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL ☐ GAS ☒ OTHER
WELL WELL

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1925' FSL & 1700' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5839' RKB, 5827' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

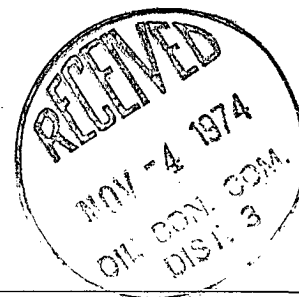
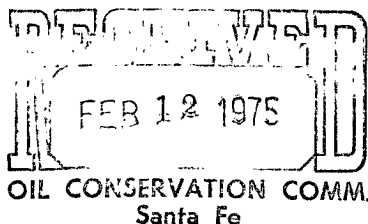
PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Present Status ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

Eskeenalwood Gas Com "A" No. 1 was temporarily abandoned in December of 1970, and is presently shut-in. It was shut-in due to high water production problems and the inability of the well to produce against line pressure. Amoco Production Company is presently reviewing the possibility of putting the well back on line in view of lower area line pressures.



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

SIGNED

R E M Clesbey

TITLE

Area Engineer

DATE October 31, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side