

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 ☐ gas ☒ other ☐
well well

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.)

AT SURFACE: 790' FSL x 1580' FWL, Section 6,
AT TOP PROD. INTERVAL: Same T25N, R5W
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Completion

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

Jicarilla Contract 147

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Contract 147

9. WELL NO.

6E

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SE/4, SW/4, Section 6, T25N, R5W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

14. API NO.

30-039-22178

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6652' 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.)*

Completion operations commenced on 2-24-80.

Drilled out cement to PBD of 7400' and pressure tested the casing to 4000 PSI, held okay. Total depth of the well is 7443' and plugback depth is 7400'.

Perforated 7179-7202' and 7221-7237' x 2 SPF of .4" diameter. Fractured with 573,500# of sand and 214,500 gallons of frac fluid. Landed 2-3/8" production tubing at 7230'.

Swabbed the well and released the rig on 3-5-80.

ACCEPTED FOR RECORD

BY Dunagan DIRECT
CHS

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED E. E. SVOLGA TITLE Dist. Adm. Supvr. DATE 3-12-80

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

