Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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, N.M.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL x 930' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

5. LEASE
Jicarilla Contract 124

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Apache 124

9. WELL NO.
9

10. FIELD OR WILDCAT NAME
Lindrith Gallup Dakota West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4 NW/4, Section 24 T25N, R4W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

14. API NO.
30-039-22403

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7015' GL

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) Corrected Report			

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

RECEIVED
FEB 23 1981
OIL CON. COM.
DIST. 3

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.)*

The following perforation was inadvertently omitted from the following forms:
9-331 Completion Sundry, 9-330, and C-104.

Perforated from 7824-7850' with 2 spf, a total of 52, .38" holes.

Please add this perforated interval to the previously submitted reports.

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

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

SIGNED Original signed by R. L. HOOD TITLE Dist. Admin. Supvr. DATE 2-16-81

(This space for Federal or State office use)

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

NMOCC

FEB 1981

*See Instructions on Reverse Side