

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 ☐

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' FNL x 1055' FWL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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

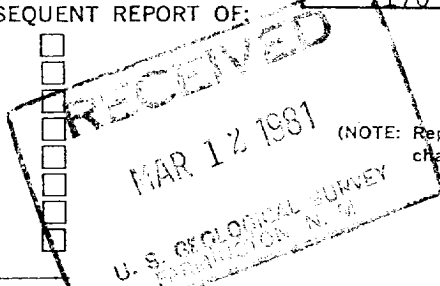
REQUEST FOR APPROVAL TO:

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:

☐
☐
☐
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☐
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☐
☐
☐
☐



5. LEASE

Jicarilla Apache 102

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Apache 102

9. WELL NO.

7E

10. FIELD OR WILDCAT NAME

B. S. Mesa Gallup/Basin Dakota

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

AREA NW/4, NW/4, Section 3,
T26N, R4W

12. COUNTY OR PARISH 13. STATE

Rio Arriba NM

14. API NO.

30-039-22453

15. ELEVATIONS (SHOW DF, KDB AND WD)

1170' 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 11-9-80. Total depth of the well is 8407', and plug back depth is 8385'. Perforated interval from 8150-8202, 8290-8302, and 8350-8354, with 2 spf, a total of 136, .38" holes. Sand water fraced with 126,000 gallons of frac fluid and 460,000# 20-40 sand. Landed 2 3/8" tubing at 8341'. Swabbed the well and released the rig on 11-13-80.

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

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

SIGNED E. E. SYOBODA TITLE Dist. Admin. Supervisor DATE 3/10/81

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

NMOCC

*See Instructions on Reverse Side

MAR 13 1981

FARMINGTON DISTRICT

BY 2