

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.)

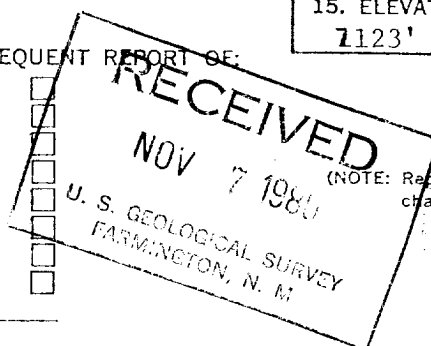
1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1110 FSL x 800 FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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:



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.
14E
10. FIELD OR WILDCAT NAME
BS Mesa Gallup/Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4, SW/4, Section 9, T26N, R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
30-039-22457
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7123' GL

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 10-4-80. Total depth of the well is 8254', and plug back depth is 8230'. Perforated interval from 8005-8036' and 8142-8163' with 2 spf, a total of 104, .38" holes. Sand water fraced with 106,000 gal of frac fluid, and 364,000# of 20-40 sand. Landed 2 3/8" tubing at 8143'. Swabbed the well and released the rig on 10-9-80.

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

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

SIGNED E. E. SVOBODA TITLE Dist. Admin. Supvr. DATE 11-4-80

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

BW