

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, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1810' FNL x 1520' FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

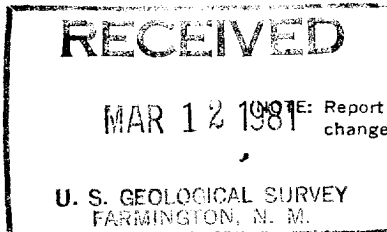
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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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5. LEASE  
Jicarilla Contract 155
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Jicarilla Apache 155
9. WELL NO.  
29
10. FIELD OR WILDCAT NAME  
Gonzales Mesaverde/Otero Chacra
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/4, NW/4, Section 32, T26N, R5W
12. COUNTY OR PARISH Rio Arriba 13. STATE NM
14. API NO.  
30-039-22531
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6583' 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 2-23-81. Total depth of the well is 5391'. Landed 2 3/8" tubing at 5173'. Released the rig on 2-26-81.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Original Signed By E. E. SYOBODA TITLE Dist. Admin. Supvr DATE 3/11/81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC