

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.)

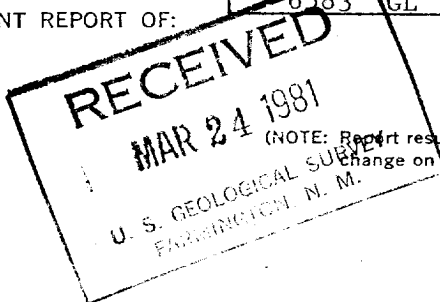
1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY
3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1810' FNL X 1520' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK 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 Contract 155
9. WELL NO.
29
10. FIELD OR WILDCAT NAME
Otero Chacra Gonzales Mesaverde
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 3-5-81. Total depth of the well is 5390' and plugback depth is 5311'. Perforated intervals from 5232-5236', 5200-5211', 5157-5162', and 5060-5082', with 2 spf, a total of 144, .38" holes. Fraced point lookout with 70,000 gallons of frac fluid and 112,000# 10-20 sand. Landed the 2-3/8" tubing at 5254'. Released the rig on 3-10-81.

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

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

SIGNED _____ TITLE Dist Admin Supvr DATE MAR 23 1981

(This space for Federal or State office use)

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

MOCC

ACCEPTED FOR RECORD

MAR 26 1981

*See Instructions on Reverse Side

FARMINGTON DISTRICT
BY