

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 ☒ 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: 1795' FNL and 795' 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) Formation tops

SUBSEQUENT REPORT OF:

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5. LEASE

Jicarilla Apache Tribal 151

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Apache Tribal 151

9. WELL NO.

5E

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/NW, Section 9, T26N, R5W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

30-039-23164

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6977' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.) 1983

SEP 16 1983
N. DIV.
AST. 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.)*

In reply to your letter of September 2, 1983, reference #3100 (016), our completion report (Form 9-330) should be amended to include the following formation tops:

Ojo Alamo	Est. 2990'	Chacra (if present)	4340'
Kirtland	Est. 3215'	Cliff House	5225'
Fruitland	Est. 3380'	Menefee	5300'
Pictured Cliffs	Est. 3555'	Point Lookout	5590'
Lewis	Est. 3680'	Mancos	5900'

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

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

SIGNED D. J. LARSON TITLE Dist. Adm. Supvr. DATE 9/12/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 16 1983

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY K. J.