

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, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120' FNL x 1080' FEL
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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RECEIVED

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

OCT 17 1983

U.S. GEOLOGICAL SURVEY
FARMINGTON RESOURCE AREA

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.)*
Moved in and rigged up completion unit 9-6-83. Pressure tested production casing to 3800 PSI. Perforated the following intervals: 5460'-5472', 5534-5558', 5512'-5526', 5480'-5484', 5460'-5472', 2 jspf .38" in diameter; 5928'-5944', 5954'-5964', 5980'-5988', 5996'-6008', 2 jspf .4" in diameter, for a total of 200 holes. Fraced interval 5460'-5558' with 45,000 gals. of 20# gelled water containing 2% KCl with 1 gal. surfactant per 1000 gallons and 80,000# of 20-40 mesh sand. Fraced interval 5928'-6008' with 42,500 gallons of 20# gelled water with 2% KCl containing 1 gallon surfactant per 1000 gallons and 75,000# 20-40 mesh sand. Landed 2.375" tubing at 5986'. Total depth of the well is 6089' and plugback depth is 6030'. Released the rig 9-19-83.

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

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

SIGNED Original Signed By TITLE Dist. Adm. Super. DATE 10-13-83
D.D. Larson
(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 27 1983

FARMINGTON RESOURCE AREA

BY Smr

*See Instructions on Reverse Side

NMOCQ