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: 790' FNL x 1275' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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

5. LEASE
Jicarilla Contract 155

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Contract 155

9. WELL NO.
BR 54H

10. FIELD OR WILDCAT NAME
Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE/NE, Section 29, T26N, R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6577' GR

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐   ☐
FRACTURE TREAT ☐   ☐
SHOOT OR ACIDIZE ☐   ☐
REPAIR WELL ☐   ☐
PULL OR ALTER CASING ☐   ☐
MULTIPLE COMPLETE ☐   ☐
CHANGE ZONES ☐   ☐
ABANDON* ☐   ☐
(other) Extension of Drilling Permit

RECEIVED
JAN 3 5 1984
BUREAU OF LAND
FARMINGTON

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

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.)*

Amoco Production Company requests an extension of our approved application to drill which is scheduled to expire on 5-10-84.

extended to 11/10/84

RECEIVED
JAN 31 1984
OIL CON. DIV.
DIST. 3

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

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

SIGNED Original Signed By
        D. D. Lawson

TITLE Dist.Adm.Supervisor   DATE   January 23, 1984

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC