

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: 1570' FSL X 790' 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) Extension of drilling permit ☐

SUBSEQUENT REPORT OF:

☐

☐

☐

☐

☐

☐

☐

☐

RECEIVED

JAN 25 1984

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

BUREAU OF LAND MANAGEMENT
FARMINGTON REGIONAL OFFICE

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.
26

10. FIELD OR WILDCAT NAME
Otero Chacra

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

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6482' GR

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 drilling permit which is due to expire 2-7-84.

extended to 8/7/84

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
(If different from approval of any)

TITLE

DATE

*See Instructions on Reverse Side

NWAC