UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

SUNDRY NOTICES AND REPORTS ON WELLS

5. LEASE	
NM 14921	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
Valencia Canyon Unit	
8. FARM OR LEASE NAME	
9. WELL NO.	
15	
10. FIELD OR WILDCAT NAME	
Choza Mesa Pictured Cliffs	
11. SEC., T., R., M., OR BLK. AND SURVEY OF	
AREA $NE/4$ SE/4 Section 27,	
T-28-N, R-4-W	
12. COUNTY OR PARISH 13. STATE	
Rio Arriba NM	
14. API NO.	
20 020-21/75	

(Do not use this form for proposals to drill or to deepen or plug back to a different	Valencia Canyon Unit
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas 🗓 other	9. WELL NO.
Well - Well Other	- (15)
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
AMOCO PRODUCTION COMPANY 3. ADDRESS OF OPERATOR	Choza Mesa Pictured Cliffs
501 Airport Drive Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA $_{ m NE}$ / 2 SE/4 Section 27,
below.) 1450' FSL x 790' FEL, Section 27,	T-28-N, R-4-W
AT SURFACE: T-28-N R-4-W	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	Rio Arriba NM
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-039-21475
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7224' GL, 7234' KB
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
PULL OR ALTER CASING	onango on roma o ossa,
CHANGE ZONES	
ABANDON*	
(other) Well Completion	Para Taran
including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner Completion operations commenced 2/10/78. True to 4308' PBD. Pressure tested casing to 3200 4214. Fraced with 360,500 lbs. sand and 180 ing and cleaned out frac sand and water. Pro	ipped in with tubing & cleaned ou O psi; held OK. Perforated 4038- .250 gallons frac fluid. Ran tub
Completion rig released 2/16/78.	
Subsurface Safety Valve: Manu. and Type	015 Set @Ft.
18. I hereby certify that the foregoing is true and correct Original Signed	Bacteria management
SIGNED E. E. SVOBODA TITLE Area Adm. Su	pvr. DATE 3/16/78
(This space for Federal or State of	fice use)
APPROVED BY TITLE	DATE
APPROVED BY TILLE TILLE CONDITIONS OF APPROVAL, IF ANY:	

*See Instructions on Reverse Side

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