UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

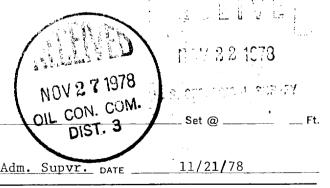
		Budget Bureau No. 42–R1424
ı	5.	LEASE
		NM 14923
	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
-		
	7.	UNIT AGREEMENT NAME
t		Valencia Canyon Unit
	8.	FARM OR LEASE NAME
_	9.	WELL NO.
		6
	10.	FIELD OR WILDCAT NAME
	Ch	oza Mesa Pictured Cliff:
	11.	SEC., T., R., M., OR BLK. AND SURVEY OR
,	i	AREA SE/4 NE/4 Section 35,
		T-28-N, R-4-W
	12.	COUNTY OR PARISH 13. STATE
		Rio Arriba NM
_	14.	API NO.
		30-039-21477

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.) well X 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 1850' FNL x 1075' FEL, Section 35, AT SURFACE: T-28-N, R-4-W AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 7305' GL. SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* Set Bridge Plug Above Perfs 4202-4296' (other)

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.)*

Rigged up service units on 10/30/78/. Pulled 2-3/8" tubing. Set 4-1/2" bridge plug at 4190'. Ran 1-1/4" production tubing. Landed at 4136'. Rigged up to swab. Tagged fluid 2700'. SI 14 hours. Tubing pressure 400 psi. Opened well to atmosphere. Flowed 1-1/4" stream of water; tubing pressure 0. Shut well in for further evaluation.

Released service unit on 11/10/78.



Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the foregoing is true and correct TITLE Dist. Adm. Supvr. DATE SIGNED _ (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: