

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, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1050' FNL x 1130' FWL, Section 15,

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

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) Spud & Set Casing

5. LEASE

NM 14915

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Valencia Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.

24

10. FIELD OR WILDCAT NAME

Choza Mesa - Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR

AREA NW/4 NW/4 Section 15,

T-28-N, R-4-W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

14. API NO.

30-039-21592

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7273' GL, 7283' KB

(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.)*

Spudded 12-1/4" hole on 2/26/78. Drilled to 318'. Set 8-5/8" 24#, K-55 casing at 318'. Lost circulation; 300 bbls. mud. Set casing with 250 sx Class "B", 2% CaCl₂. Circulated 40 sx. Tested BOP to 6000 psi; held OK.

Drilled 7-7/8" hole to a total depth of 4400'. Set 4-1/2" 10.5#, K-55 casing at 4400' with 1070 sx Class "B", 50:50 Poz, 6% gel, 2 lbs. medium Tuf Plug per sx. Tailed in with 100 sx Class "B". Lost circulation. Did not circulate cement.

Rig released 3/6/78.

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

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

SIGNED _____ TITLE Adm. Supervisor DATE 4/21/78

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

ST