

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.)
1160' FNL x 1140' FWL, Section 22,
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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(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.
25
10. FIELD OR WILDCAT NAME
Choza Mesa - Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SE/4 SW/4 Section 15,
T-28-N, R-4-W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
30-039-21593
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7365' GL, 7375' 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 3/31/78. Drilled to 309'. Set 8-5/8" 24# H-40 casing at 309' with 250 sx Class "B", 2% CaCl₂. Circulated 20 sx.

Drilled 7-7/8" hole to a total depth of 4500'. Set 4-1/2" 10.5# K-55 casing at 4500' with 1100 sx Class "B", 50:50 Poz, 6% gel, 2 lbs. medium Tuf Plug per sx. Tailed in with 100 sx Class "B" Neat. Circulated 28 sx cement.

Rig released 4/7/78.

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:

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