well

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

		Form Approved.
,		Budget Bureau No. 42-R1424
	5.	LEASE /
1		SF 079596 /
١	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
-		
Ì	7.	UNIT AGREEMENT NAME
t		
	8.	FARM OR LEASE NAME
		Martin Gas Com
	9.	WELL NO.
		1E
	10.	FIELD OR WILDCAT NAME
-		Basin Dakota
	11.	SEC., T., R., M., OR BLK. AND SURVEY OR
7		AREA NW/4, SE/4, Section 15,
		T27N, R10W
	12.	COUNTY OR PARISH 13. STATE
		San Juan NM
	14.	API NO.
. 4	\triangle	30-045-24481
اد	15.	`ELEVATIONS (SHOW DF, KDB, AND WD)
Ì.,	<u> 2 -</u>	6463' CL
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. 1		

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a differen reservoir. Use Form 9–331–C for such proposals.) \mathbf{x}

other

2. NAME OF OPERATOR

Amoco Production Company

well

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 1740' FSL x 1650' FEL

Same

AT TOP PROD. INTERVAL: 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

* MODINABA Completion (other)

SUBSEQUENT REPORT OF:

(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.)*

Completion operations commenced on 4-3-81. Total depth of the well is 7007', and plugback depth is 6869'. Perforated intervals from 6828-6792, 6749-6744, 6716-6704, with 2 spf, a total of 106, .38" holes. Sand water fraced with 104,000 gallons of frac fluid and 346,000# of 20-40 sand. Landed 2 3/8# tubing at 6811'. The rig was released on 4-9-81.

Subsurface Safety Valve: Manu. and Typ€ _______ Set @ _____ Ft.

18. Thereby certify that the foregoing is true and correct

Original Signed By SIGNED

TITLE Dist. Admin. Supvr_{DATE}

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: ___ TITLE ___

DATE ____

DRECER REPRESENA

APR 21 1981

*See Instructions on Reverse Side

FARMINGTON DISTRICT