

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.)
AT SURFACE: 1530' FSL x 1100' FEL
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* ☐

(other) Completion

SUBSEQUENT REPORT OF:

☐
☒
☐
☐
☐
☐
☐
☐

5. LEASE

SF 077875

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

P. O. Pipkin

9. WELL NO.

1E

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4, SE/4, Section 8, T27N, R10W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. API NO.

30-045-24665

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

6000' GL

(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 3-16-81. Total depth of the well is 6572, and plug back depth is 6529'. Perforated intervals from 6256-6270, 6289-6298, 6346-6380, 6407-6413, 6417-6429, and 6437-6443 with 2 spf, a total of 150, .38" holes. Fraced with 156,411 gallons of frac fluid and 473,180# of 20-40 sand. Landed 2 3/8" tubing at 6461'. Released the rig on 3-25-81.

ACCEPTED FOR RECORD

APR 07 1981

FARMINGTON DISTRICT

Subsurface Safety Valve: Manu. and Type

BY [Signature] Set @ _____ Ft.

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

SIGNED Original Signed By TITLE Dist. Admin. Supv DATE 4-2-81

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side