

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

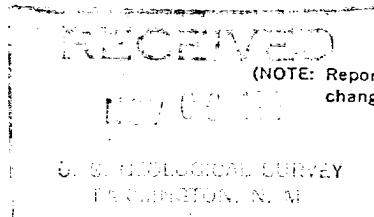
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other
2. NAME OF OPERATOR  
Amoco Production Company
3. ADDRESS OF OPERATOR  
501 Airport Dr., Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 580' FSL x 1850' FWL  
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) APD Extension

SUBSEQUENT REPORT OF:

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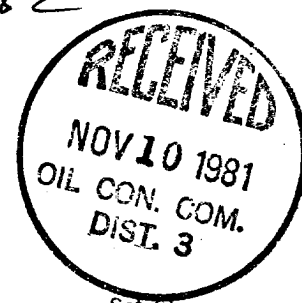


5. LEASE  
SF-077951
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Jack Frost "D"
9. WELL NO.  
1E
10. FIELD OR WILDCAT NAME  
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SE/4, SW/4, Section 26 T27N, R10W
12. COUNTY OR PARISH  
San Juan
13. STATE  
New Mexico
14. API NO.  
30-045-24667
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6679' G.L.

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.)\*

Amoco Production Company requests an extension of approval for drilling, as the approval expires 11-18-81. Our plans call for drilling this well in the near future.

*Extended to 5-14-82*



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Original Signed By [Signature] TITLE District Engineer DATE 11-5-81

(This space for Federal or State office use)  
APPROVED BY (Orig. Sgd.) RAYMOND W. VINYARD TITLE RAYMOND W. VINYARD DATE NOV 09 1981  
CONDITIONS OF APPROVAL, IF ANY: ACTING DISTRICT SUPERVISOR

\*See Instructions on Reverse Side

NMOCC