

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: 450' FNL x 1580' 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) Completion ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
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☐

5. LEASE
SF-077952

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
J. C. Gordon "D"

9. WELL NO.
3E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE/4, NW/4, Section 23, T27N, R10W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.
30-045-24726

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6474' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

MAY 23 1981
OIL COR CORP.
DIST. 3

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 4-15-81. Total depth of the well is 7015' and the plugback depth is 6947'. Perforated intervals from 6908'-6927', 6756'-6770', 6798'-6804', and 6843'-6884', with 2 spf, a total of 160, .38" holes. Fraced the Basin Dakota formation with 126,360 gallons of frac fluid and 323,280 pounds of 20-40 sand. Landed the 2 3/8" tubing at 6918'. Released the rig on 4-24-81.

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

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

SIGNED Original Signed By TITLE Dist. Admin. Supvr. DATE _____
E. SVOBODA

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

NMOCG

MAY 20 1981

*See Instructions on Reverse Side

BY 20/12
FARMINGTON DISTRICT