PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON*

(other)

UNITED STATES DEPARTMENT OF THE INTER **GEOLOGICAL SURVEY**

Completion Operations

Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF-077875
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well other	P.O. Pipkin
	9. WELL NO.
2. NAME OF OPERATOR	2E
Amoco Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
501 Airport Drive, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA SW/4, NW/4, Section 8
AT SURFACE: 1680' FNL x 810' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	San Juan NM
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-045-25105
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6072' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
REPAIR WELL	(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 12-10-81. Total depth of the well is 6612' and the plug back depth is 6566'. Perforated intervals from 6336-6346', 6370-6374'. 6426-6446', 6446-6466', and 6466-6474' with 2 SPF, a total of 124 .38" holes. Fraced the formation with 110,500 gallons of frac fluid and 340,500 pounds of 20-40 sand. Landed 2-3/8" tubing at 6471".

DEC 3 1 1981 OIL CON. COM. DIST. 3 Subsurface Safety Valve: Manu. and Type ____ 18. I hereby certify that the foregoing is true and correct TITLE Dist. Adm. SUDVI. DATE (This space for Federal or State office use) APPROVED BY ___ DATE _ CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side