

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: 990' FNL x 990' 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\* ☐

SUBSEQUENT REPORT OF:

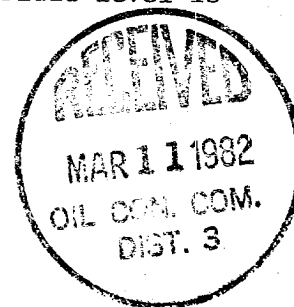
(other) Shut-In — Cha Cha Gallup Formation

5. LEASE  
I-149-IND-8472  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo Tribe  
7. UNIT AGREEMENT NAME  
Gallegos Canyon Unit  
8. FARM OR LEASE NAME  
9. WELL NO.  
84  
10. FIELD OR WILDCAT NAME  
Cha Cha Gallup/Basin Dakota  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
NW/4, NW/4, Section 26, T28N, R13W  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
New Mexico  
14. API NO.  
30-045-07211  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6068' 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.)\*

The Cha Cha Gallup formation was shut-in on 8-18-69 due to insufficient oil production. This well is still currently producing out of the Basin Dakota formation. Ran sonolog to monitor fluid level. Fluid level is 2115' below surface.



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

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

SIGNED \_\_\_\_\_ TITLE Dist. Admin. Supv. DATE MAR 5 1982

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

BY *[Signature]*