

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: 990' FNL X 1540' FWL  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
SF-079244

6. IF IND. AN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.  
227E

10. FIELD OR WILDCAT NAME  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
NE/4, NW/4  
Section 20, T28N, R12W

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

14. API NO.  
30-045-23899

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5578' GL

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☐

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON\* ☐ ☐

(other) completion

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

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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 again on 7-8-80. Well was on flow test from 6-25-80 to 7-8-80. 2-3/8" tubing was pulled and interval from 5902' to 6032' Sand water fraced with 76,400 gal of frac fluid and 131,250# 20-40 sand.

Landed 2-3/8" tubing at 6103'. Swabbed the well and released the rig on 7-11-80.

Subsurface Safety Valve: Manu. and Type

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

SIGNED TITLE Adm. Supvr. DATE 7-28-80

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

AUG 13 1980  
Bureau of Land Management  
FOR THE DIRECTOR

\*See Instructions on Reverse Side

