UNITED STATES

5. LEASE	
SF-078905	

DEPARTMENT OF THE INTERIOR	SF-078905
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 eservoir, Use Form 9-331-C for such proposals.)	7. UNIT AGREEMENT NAME Gallegos Canyon Unit 8. FARM OR LEASE NAME
	8. FARIN OR LEASE IVAINE
1. oil gas well other 2. NAME OF OPERATOR	9. WELL NO. 217E
Amoco Production Company	10. FIELD OR WILDCAT NAME Basin Dakota / Undes. Gallup
3. ADDRESS OF OPERATOR 501 Airport Dr., Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/4, NW/4, Section 13,
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	T28N, R12W
AT SURFACE: 840' FNL x 1050' FWL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
AT TOTAL DEPTH:	14. API NO.
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-045-24645 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5541' G.L.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	NED /
SHOOT OR ACIDIZE REPAIR WELL HATE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on F rm 9, 330)
MULTIPLE COMPLETE	그리는 어느 그는 물을 가는 물을 하는 것이 나를 보는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다.
RANDON*	DIST. 3
other) Completion Operations	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stational including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertined.)	directionally diffied, give substitute locations and
Completion operations commenced again on 1-21-6187' and the plug back depth is 6154'. Tripped seating nipple and sawtooth collar. Tripped in bit, and 2-3/8" tubing. Blew hole clean to togout bridge plug. Cleaned out hole to 6154' plug packer and sliding sleeve at 5900'. Landed 2 rig on 1-26-82.	ed out of hole with 2-3/8" tubing in hole with 3-1/2" collars, 4-3/4" p of bridge plug with air. Drilled was back depth. Set production
Subsurface Safety Valve: Manu. and Type	
(This space for Federal or State of	
APPROVED BY TITLE TOTALL CONDITIONS OF APPROVAL, IF ANY:	DATE
CONDITIONS OF ALTHORNE, II FILLS	
*See Instructions on Revers	e Side

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