

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: 1550' FSL x 840' FEL
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: 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 ☐ ☐

5. LEASE
I-149-IND-8476
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe
7. UNIT AGREEMENT NAME
Gallegos Canyon Unit
8. FARM OR LEASE NAME
9. WELL NO.
85E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/SE, Section 19, T28N, R12W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
30-045-25169
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5863' GL

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

OIL CON. DIV.
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 5-4-83. Total depth of the well is 6223' and plugback depth is 6209'. Pressure tested casing to 3800#. Perforated the following intervals: 6004'-6012', 6026'-6034', 6073'-6163' with 2 JSPF for a total of 212 .38" holes. Fraced entire interval with 150,000 gals N₂ foam and 265,000# 20-40 mesh sand. Landed 2-3/8" tubing at 6121'. Released the rig on 5-11-83.

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

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

SIGNED _____ TITLE Dist. Admin. Supvr DATE 6/9/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

JUN 17 1983

NMOCC

FARMINGTON DISTRICT
BY SMH