I-149 IND-8470

UNITED STATES DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a cifferent reservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME Galleges Canyon Unit
1. oil gas wy	8. FARM OR LEASE NAME
well well other	9. WELL NO.
2. NAME OF OPERATOR	193E
Amoco Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Daketa
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/SW, Section 30, T28N, R
AT SURFACE: 830' FSL x 970' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	San Juan New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-045-25173
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5730 ° GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3730
TEST WATER SHUT-OFF	
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
(other) Spud and set casing.	en e

5. LEASE

measured and true vertical depths for all markers and zones pertinent to this work.)*

Moved in and rigged up rotary tool, and spudded a 12-1/4" hole or 5-12-83. Drilled to 351' and landed 8-5/8", 24%, K-55 at 351'. Cemented with 420 cu. ft. Class "B" cement with 2% CaCl2, circulated to surface. Pressure tested casing to 800#. Drilled a 7-7/8" hole and reached a TD of 6165' on 5/18/83, and ran 4-1/2", 10.5#, K-55 casing. Landed it at 6165'. Cemented first stage with 655 cu. ft. Class "B" 50:50 POZ cement. Tailed in with 118 cu. ft. Class "B" neat cenent. Cemented second stage with 1773 cu. ft. Class "B" 65:35 POZ cement. Tailed in with 118 cu. ft. Class "8" neat cement. Circulated both stages to surface. DV tool was set at 4275'. Rig released 5/19/83.

Subsurface Safety Valve: Manu. and Type ____ 18. I hereby certify that the foregoing is true and correct TITLE Dist. Admin. Supvr. DATE (This space for Federal or State office use) -------- PATELER LES FOR RECORD ____ TITLE __ APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

HUN 27 1993