REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SF-078771 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 reservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME Rosa Unit 8. FARM OR LEASE NAME		
1. oil gas well other .	9. WELL NO. 67		
Amoco Production Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin Dakota		
501 Airport Dr., Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1520' FNL x 1510' FEL, SEC. 14, AT TOP PROD. INTERVAL: Same T31N, R6W AT TOTAL DEPTH: Communication of the second	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4, NE/4, Section 14 T31N, R6W 12. COUNTY OR PARISH Rio Arriba New Mexico		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 30-039-22045 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6365 G.L.		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OF ACIDIZE			

(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.)*

During an attempt to complete the Gallup formation (6900'-7300') in the subject well, the casing parted at 4360°. We propose to run a liner consisting of 2-7/8", 6.4 lb/ft, N-80 tubing inside 4-1/2" casing to repair part. The 2-7/8" liner will be landed at 7500' and cemented with 275 sx Class "B", 50:50 POZ, w/6% gel and 75 sx Class "B" neat.

Subsurface Sa	fety Valve: Manu. and Type $_{\scriptscriptstyle \perp}$	Set @Ft.	
18. I hereby c	ertify that the foregoing is tru	ue and correct	
SIGNED		TITLE Dist. Admin. Supvr. DATE	11-24-81
A DODOVED BY	(Orig. Sgd.) RATHOND W. VIN	(This space for Federal or State office use) YARD SANDARD OF THE SANDARD OF THE STATE OF THE SANDARD OF THE S	NOV 3 / 1981
CONDITIONS OF	F APPROVAL, IF ANY:	N. Trade of the State of the St	