

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.)
1850' FSL x 790' FWL, Section 17,
AT SURFACE: T31N, R5W
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 <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <u>Set Casing</u> | |

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.)*

Drilled 8-3/4" hole to 5182' and started back in with 7-7/8" hole to TD of 8132'.
Set 4-1/2, 11.6# casing at 8129'.

Cemented casing with 400 sx Class "B", 50:50 Poz, 6% gel, 2# medium tuf plug per sx and .2% friction reducer. Tailed in with 100 sx Class "B" Neat cement.

Cemented second stage with 1400 sx Halliburton Lite 65:35 Poz, .2% friction reducer and 6% gel. Tailed in with 100 sx Class "B" Neat cement.

Released rig on 9/4/79.

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

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

Original Signed By _____ TITLE Dist. Adm. Supvr. DATE 9/7/79
SIGNED E. E. SVOBODA

(This space for Federal or State office use)

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

5. LEASE
SF-078769

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Rosa Unit

8. FARM OR LEASE NAME

9. WELL NO.
68

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW/4 SW/4 Section 17, T31N, R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

14. API NO.
30-039-22123

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6311' GL

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

*See Instructions on Reverse Side

