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 Dr., Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1660' FNL x 700' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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5. LEASE
SF–078894

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Rosa Unit

8. FARM OR LEASE NAME

9. WELL NO.
86

10. FIELD OR WILDCAT NAME
Basin Dakota/Wildcat Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/4, NE/4, Section 28, T31N, R4W

12. COUNTY OR PARISH Rio Arriba   13. STATE New Mexico
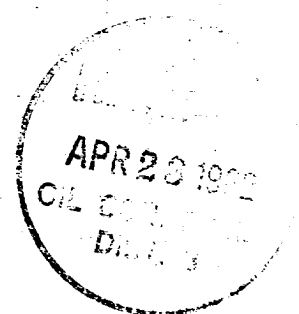
14. API NO.
30–039–22767

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6922' GL

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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* ☐ Operator Change   ☐
(other)

(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.)*

Amoco Production Company would like to advise that on April 14, 1982 the subject well was turned over to Northwest Pipeline (the unit operator) to Operate. The operators address is:

Northwest Pipeline Corp.
P. O. Box 90
Farmington, New Mexico 87401

APR 20 1982

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 _____   APR 16 1982

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

ACCEPTED FOR RECORD

APR 22 1982

FARMINGTON DISTRICT
BY _____