CHANGE ZONES ABANDON\* (other)

UNITED STATES  DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	5. LEASE SF-078139 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  8. FARM OR LEASE NAME	
1. oil gas other  2. NAME OF OPERATOR	Sandoval Gas Com "A"  9. WELL NO.	
AMOCO PRODUTION COMPANY  3. ADDRESS OF OPERATOR  501 Airport Drive Farmington, NM 87401  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  990' FNL x 1650' FEL, Section 35, AT SURFACE: T-30-N, R-9-W AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	10. FIELD OR WILDCAT NAME  Blanco Mesaverde  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/4 NE/4 Section 35,  T-30-N, R-9-W  12. COUNTY OR PARISH 13. STATE San Juan NM	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	14. API NO. 30-045-09038 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5703' GL, 5716' KB	
TEST WATER SHUT-OFF	(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 proposes to repair well for an apparent casing leak. Set bridge plug in 5" line at 3990' and packer in 7" and pressure test up hole to determine leak. If leak is located, attempt to establish circulation to surface out bradenhead and cement with sufficient cement to circulate. Cleanout and pressure test then run 5" liner from surface to top of existing liner and cement with 250 sx. Clean-out and test. Retrieve bridge plug and clean out to PBD and tested.

Confirming telephone approval - P. T. McGrath to R. W. Thomson on 1/26/79.

Subsurface Safety Valve: Manu. and Typ	oe	Set @ F1
18. I hereby certify that the foregoing is	true and correct	
SIGNED	TITLE Dist. Adm. Supvr. DA	TE 1/29/79
	(This space for Federal or State office use)	
APPROVED BY	TITLE C	DATE AND

\*See Instructions on Reverse Side

Clas

