

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: 1850' FSL x 600' FWL

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:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) _____	

SUBSEQUENT REPORT OF:

[illegible]

(NOTE: Report 1 of multiple completion or zone change on Form 9-800)

OIL CON. DIV.
DIST. 3

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.)*

In reference to your letter of May 4, 1983, Amoco Production Company repaired a casing leak on the above well according to the following procedure:

1. Perforated at 1550' and 2700' with 4 shots.
2. Ran 5" liner to 4149' with centralizers on bottom, 2690', 1540', 1380' & 640'.
3. Kept manifold between 5" liner and 7" casing closed. Open bradenhead.
4. Pumped 690 cu ft 65:35 poz class B cement, 6% gel, 2# med tuf plug/sx and tailed in with 118 cu ft class B neat. Good circulation through bradenhead.
5. Closed bradenhead and opened manifold between 5" line and 7" casing. Circulated through manifold.
6. Closed manifold and squeezed with 240 cu ft class B cement w/2% CaCl_2 . Had good circulation through bradenhead.

Subsurface Safety Valve: Manu. and Type _____ Set (2) OVER Ft.

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

SIGNED _____ TITLE Dist. Admin. Supervisor 5-23-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

RECEIVED
JUN 9 1983

JUN 9 1983

OIL CON. DIV.
DIST. 3

*See Instructions on Reverse Side

NAAOCC