

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.) 1113' FNL x 1453' FEL, Section 34,
AT SURFACE: T30N, R9W
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 ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☒ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) ☐ ☐

5. LEASE
SF-1078139
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
E. E. Elliott "B"
9. WELL NO.
13
10. FIELD OR WILDCAT NAME
Blanco Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW/4 NE/4 Section 34, T30N, R9W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
30-045-09653
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5742' GL, 5755' RDB

(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 a suspected casing leak as follows:

- 1) Locate casing leak by pressure testing with bridge plug.
- 2) Squeeze the casing with 300 sx Class "B" Neat cement and circulate to surface.
- 3) Drill cement and bridge plug.

Verbal approval obtained per conversation between B. E. Fackrell and Sims, 7/20/79.

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

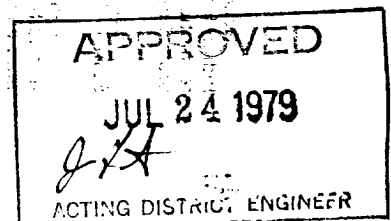
18. I hereby certify that the foregoing is true and correct

Original Signed By
SIGNED E. E. SVOBODA TITLE Dist. Adm. Supvr. DATE 7/23/79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



NMOCC