1. oil

well

2. NAME OF OPERATOR

AT TOTAL DEPTH:

3. ADDRESS OF OPERATOR

AT SURFACE: T30N R9W AT TOP PROD. INTERVAL:

REPORT, OR OTHER DATA

gas

well

 \mathbf{x}

AMOCO PRODUCTION COMPANY

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.)

other

501 Airport Drive Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.

5) Released Service Unit on 8/18/79.

Same

1113' FNL x 1453' FEL, Section 34,

5. LEASE	
SF-078139	
6. IF INDIAN, ALLOTTEE OR TRIBE NA	ME
·	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME 3 25	
E. E. Elliott "B"	7
9. WELL NO.	
13 9	7:
10. FIELD OR WILDCAT NAME	
Blanco Pictured Cliffs	
11. SEC., T., R., M., OR BLK. AND SUR	VEY OR
AREA NW/4 NE/4 Section	on 34,
T30N, R9W	
12. COUNTY OR PARISH 13. STATE	
San Juan NM	
14. API NO.	
30-045-09653	
15. ELEVATIONS (SHOW DF, KDB, AI	(DW DI
5742' GL, 5755' RD	B

REQUEST FOR APPROVAL TO: SUBSEOU		SUBSEQUENT REPORT	or.	5/42 GL, 5/55 KDB			
TEST WATER FRACTURE T SHOOT OR A	SHUT-OFF REAT ,			1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•	
REPAIR WELL		(NOTE	(NOTE: Report results of multiple completion or zone change on Form 9–330.)				
PULL OR ALTER CASING							
MULTIPLE CO				\$1.5E			
ABANDON*	462	H				÷	
(other)				1 2 1 to		**	
including measure	estimated date of sta d and true vertical dept	MPLETED OPERATIONS (Clea inting any proposed work. If we this for all markers and zones p pany repaired the si	vell is directional pertinent to this v	ly drilled, give sut work.)*	osurface locations	and .	
1)	Moved in Servi	ce Unit on 7/27/79	and killed '	well 2200 / /	" Rich Holl	mon 9-5-76	
2)	Cleaned out sa	nd to PBD and set b	ridge plug	at -3992 and	located lea	akage	
3)	by pressure te Squeezed hole	sting with 150 sx Class "I ment and bridge plu	B", 2% CaCl	EDGilson	ite, 1/2# Ce	ellophane	
4)	Drilled out ce	ment and bridge plu	RECEI				
5)	Released Servi	ce Unit on 8/18/79.		1 619		and the same of th	

(This space for Federal or State office use)

_ TITLE .

TITLE Dist. Adm. Supvr.

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

SIGNED E. E. SVOBODA

Subsurface Safety Valve: Manu. and Type _

Original Signed By

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

DATE :

*See Instructions on Reverse Side

Mynoch

