

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424

## 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 "APPLICATION FOR PERMIT—" for such proposals.)

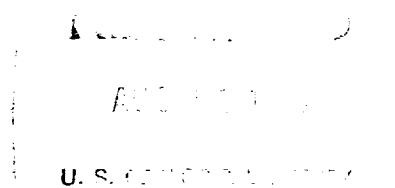
1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> WELL WELL		5. LEASE DESIGNATION AND SERIAL NO. <b>SF 078139</b>
2. NAME OF OPERATOR <b>AMOCO PRODUCTION COMPANY</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>501 Airport Drive, Farmington, New Mexico 87401</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>960' FSL &amp; 830' FEL, Section 9, T-30-N, R-9-W</b>		8. FARM OR LEASE NAME <b>Elliott Gas Com "D"</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6089' GL</b>	9. WELL NO. <b>1A</b>
		10. FIELD AND POOL, OR WILDCAT <b>Blanco Mesaverde</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SE/4 SE/4 Section 9, T-30-N, R-9-W</b>
		12. COUNTY OR PARISH <b>San Juan</b>
		13. STATE <b>New Mexico</b>

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Set liner</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)\*

Well was drilled to a TD of 5400' where on 8-8-76 a 4-1/2" liner was set from 2368' to 5400'. Cemented liner with 345 sacks Class "B" cement. Locked up with 900' cement in liner. Reversed out 8 barrels cement.



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

SIGNED [Signature] TITLE Area Adm. Supvr. DATE August 9, 1976

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side