

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 ☐ gas ☒ 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.)

1100' FNL x 990' FWL, Section 15,

AT SURFACE: T30N, R12W

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) Completion Procedure

5. LEASE

SF-081239

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Johnson Gas Com "E"

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Flora Vista Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/4 NW/4 Section 15, T30N, R12W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. API NO.

30-045-23588

15. ELEVATIONS (SHOW DF, KDB, AND WD)

5701' GL

(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.)*

Completion operations commenced on 8/9/79. Circulated out hole with 500 gallons 15% HCL acid.

Perforated first stage from 4309-4565' with 2 SPF; total of 122 holes. Sand-water fraced with 45,800 gallons frac fluid and 82,400# sand.

Perforated second stage from 3904-4160' with 2 SPF; total of 166 holes. Sand-water fraced with 70,114 gallons frac fluid and 126,000# sand.

Swabbed well and released service unit on 8/11/79.

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

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

SIGNED _____

Original Signed By
F. SVOBODA

TITLE Dist. Adm. Supvr. DATE

9/5/79

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

