

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.)

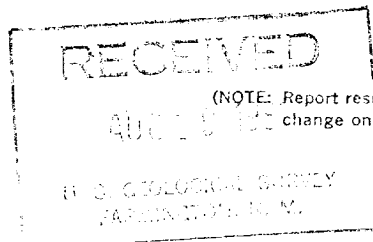
1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
501 Airport Dr., Farmington, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1100' FNL X 990' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) See Below

SUBSEQUENT REPORT OF:

- ☐
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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
San Juan
13. STATE
New Mexico
14. API NO.
30-045-23588
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5701' G.L.

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.)*

The current status of the above mentioned well is shut-in. Amoco Production Company plans to put a pumping unit on the well to produce it out of the Flora Vista Mesaverde formation. After evaluation, we may request approval to recomplete this well to the Undesignated Chacra formation.



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

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

SIGNED Original Signed By
E. E. SYOBODA TITLE Dist. Admin. Supvr DATE 8-15-81

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

AUG 21 1981

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
BY RS

