

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED
DEC 8 1981
OIL CON. COM.
DIST. 3

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.)
AT SURFACE: 1100' FNL x 990' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. 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*

SUBSEQUENT REPORT OF:

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RECEIVED
DEC 10 1981
FARMINGTON DISTRICT

(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 installed a beam lift pumping unit in November 1981 to produce the water and increase the gas production above the original potential test of 79 MCFD.

The produced water is currently stored in a horizontal stock tank. When necessary, this water will be trucked to Amoco's Water Disposal Site.

Currently, we are testing this well for productivity and it is not tied into a gas sales line.

Subsurface Safety Valve: Manu. and Type _____ **ACCEPTED FOR RECORD** Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED Original Signed by _____ TITLE Dist. Admin. Supvr DATE DEC 22 1981
E. E. SVO
(This space for Federal or State office use)

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

*See instructions on Reverse Side

