

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 Drive, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 860' FNL x 1550' FWL
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:

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

SUBSEQUENT REPORT OF:

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U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

RECEIVED
JUN 2 1983

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED
JUN 6 1983

OIL CON. DIV.
DIST. 3

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 4-20-83. Total depth of the well is 6620' and plugback depth is 6563'. Perforated the following intervals: 6418'-6422', 6436'-6439', 6474'-6480', 6488'-6490', 6496'-6516', 6520'-6526', 6534'-6552' with 2 JSPP for a total of 118 .38" holes. Fraced with 110,000 gallons 40# cross-linked gel containing 2% KCL, 5% condensate, 1 gallon surfactant per 1000 gallons fluid, and 350,000# 20-40 mesh sand. Tripped in with 2-3/8", 4.7#, J-55 tubing and landed it at 6462'. Released the rig on 4-29-83.

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

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

SIGNED _____ TITLE Dist. Admin. Supvr DATE 5/31/83

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

JUN 0 1983

MMOCC

BY *K. Ton*