

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <div style="text-align: center;">14-20-604-79</div>
2. NAME OF OPERATOR <div style="text-align: center;">AMOCO PRODUCTION COMPANY</div>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <div style="text-align: center;">Ute Mountain Tribe</div>
3. ADDRESS OF OPERATOR <div style="text-align: center;">501 Airport Drive, Farmington, New Mexico 87401</div>		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 <div style="text-align: center;">950' FSL & 1700' FEL, Section 10, T-31-N, R-14-W</div>		8. FARM OR LEASE NAME <div style="text-align: center;">Ute Mountain Tribal "D"</div>
14. PERMIT NO.		9. WELL NO. <div style="text-align: center;">6</div>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <div style="text-align: center;">6164' GL</div>		10. FIELD AND POOL, OR WILDCAT <div style="text-align: center;">Ute Dome Dakota</div>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <div style="text-align: center;">SW/4 SE/4 Section 10, T-31-N, R-14-W</div>		12. COUNTY OR PARISH 13. STATE <div style="text-align: center;">San Juan New Mexico</div>

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>Squeeze Gallup perms</u> <input checked="" type="checkbox"/>	

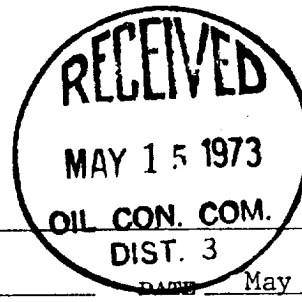
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

On 12-29-72 Gallup zone swabbed dry. BHP 118 psig.

On 1-4-73 oral approval to cement squeeze Gallup zone granted, Schmidt to Snell. Unable to complete operations because of weather. Resumed operations 4-10-73 as shown below.

Rigged up service unit April 10, 1973. Ran tubing and set a 5-1/2" Model "FB" packer at 2100' and pressured to 1000 psi OK. Squeezed perforations 2349-55' with 150 sacks Class "C" cement with 2% CaCl with squeeze pressure 2000 psi and held. Released packer and reset at 1825'. Pressured backside with 1000 psi OK and shut in 15 hours. Released packer and drilled cement from 2201' to 2360' and circulated hole clean. Drilled bridge plug at 2840' and tripped in to 3022' PBD. Ran 2-3/8" tubing to 2918', removed blowout preventer and hooked up wellhead.



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

SIGNED <u>J. ARNOLD SNELL</u>	TITLE <u>Area Engineer</u>	DATE <u>May 10, 1973</u>
-------------------------------	----------------------------	--------------------------

(This space for Federal or State office use)

APPROVED BY _____	TITLE _____	DATE _____
-------------------	-------------	------------

CONDITIONS OF APPROVAL, IF ANY: