

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.)
1840' FSL x 1180' FWL, Section 13,
AT SURFACE: T-32-N, R-14-W
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 | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) Spud & Run Casing

5. LEASE
M00-C-1420-1729
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ute Mountain Tribe
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Ute Mountain Tribal "O"
9. WELL NO.
1
10. FIELD OR WILDCAT NAME Barber Creek
Ute Dome Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW/4 SW/4 Section 13,
T-32-N, R-14-W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
30-045-23237
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6777' GL 6787' KB

(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.)*

Spudded 12-1/4" hole on 12/13/78. Drilled to 330'. Ran 8-5/8", K-55, 24# casing landed at 329'. Cemented with 300 sx Class "B" 2% CaCl₂. Circulated good cement. Pressure tested casing to 600 psi; held OK. Reduced hole to 7-7/8" and drilled to 3410'. Ran 4-1/2", k-55, 10.5# casing and landed at 3410'. Cemented with 760 sx Class "B", 50:50 Poz, 6% gel, 2# Tuf Plug per sx. Followed with 100 Class "B" Neat. Circulated good cement. Rig released on 12/18/78.

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

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

SIGNED _____ TITLE Dist. Adm. Supvr. DATE 12/20/78

(This space for Federal or State office use)

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

DEC 26 9
OIL CON.
DIST. 3