

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: 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 ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) Perf and Frac

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 12/28/78. Tripped in with tubing and bit. Tagged cement at 3357'. Drilled cement to 3380'. Circulated hole clean. Pressure tested casing to 3800 psi; held OK. Perforated 3350-3360' with 2 SPF. Swabbed 5 runs, 5 bbls. water/run. Fluid level stabilized at 1800'. Tripped in hole with tubing and cement retainer set at 3256'. Squeezed 100 sx Class "B" Neat cement to 3000 psi. Pulled out of retainer and circulated out cement. WOC perforated 3134-3146' with 2 SPF. Fraced with 60,000# SN in 30,000 gal frac fluid. Waited 2 hours. Opened flow line to pit to clean up. Tripped in with tubing and bit. Cleaned sand and frac fluid to 3256' PBD. Production tubing landed at 3166'.

Completion rig released on 1/4/79.

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 1/9/79

(This space for Federal or State office use)

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