

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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:	SEQUENT 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) See below <input type="checkbox"/>	<input type="checkbox"/>

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.)*

To correct request for approval sundry notice of 4/17/79 (approved 4/18/79) from "repair" to "other" as:

Reenter, squeeze perfs in high water bearing zone and reperf and refrac as per sundry of 4/17/79.

5. LEASE MOO-C-1420-1729	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Indian Tribe	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Ute Mountain Tribal	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME 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.)

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

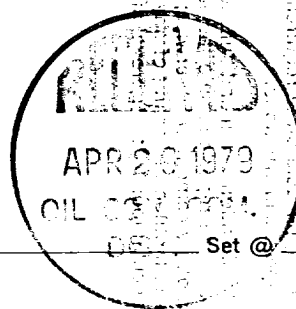
18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Dist. Adm. Supvr. DATE 4/24/79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



RECEIVED
APR 25 1979

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.