5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR CECLOCICAL SUBVEY

DEPARTMENT OF THE INTERIOR	I-22-IND-619
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGIOAE SORVEI	Ute Mountain Tribe
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND INLIGHTS ON VILLES	Develop Contract #14-20-604-62
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas 🖼	Ute Indians "A"
well gas X other	9. WELL NO.
2. NAME OF OPERATOR	15
Amoco Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Ute Dome Dakota
501 Airport Drive Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	SW/4 NW/4 Section 36, T32N, R14W
below.) AT SURFACE: 1840' FNL x 1000' FWL Section 36,	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same T32N, R14W	San_Juan New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-045-23501
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6219' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF L L FRACTURE TREAT \(\sum \square\)	
FRACTURE TREAT LA	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
MULTIPLE COMPLETE	
ABANDON*	
(other) Perf & Frac	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined Completion operations commenced on 10/5/79. water.	nt to this work.)*
Perforated from 2517' to 2426' with 2 SPF, to with 47,000 gallons frac fluid and 80,000# sa	otal of 62 holes. Sand water fraced
Swabbed well and released rig.	
	A STATE OF THE STA
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
Mark 1	Supr. DATE 11/20/79
	ffica use)
(This space for Federal or State o	
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	
	NOV 5.2 1070

NOV 2 3 197

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