

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other

Amoco Production Company

3. ADDRESS OF OPERATOR

501 Airport Drive Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1160' FNL x 790' FEL Section 26.

AT TOP PROD. INTERVAL: same T32N. R15W

AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

PXA Procedure

SUBSEQUENT REPORT OF:

RECEIVED

MAY 03 1984

OIL CON. DIV.
DIST. 3

(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.)*

Amoco Production Company plugged and abandoned the subject well on 10-4-79 as follows:

- (1) Rig up service unit and trip out of hole with tubing.
- (2) Set cement retainer at 2500' and squeeze with 100 sx class "B" Neat cement.
- (3) Trip out of hole to 1600' and pump 25 sx class "B" Neat cement into hole.
- (4) Perforate at 375' with 2 SPF.
- (5) Pump 50 sx class "B" Neat cement into perforations.
- (6) Set one joint of pipe in hole and circulated cement from 300' to surface.
- (7) Erect PXA marker and released service unit.

Amoco Production Company was given verbal approval for above PXA procedure on Q-3-79 in a telephone conversation between Bud Fackrell of Amoco Production Company and Carl Barrick of the USGS.

Subsurface Safety Valve: Manu. and Type

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

SIGNED E. E. SVOBODA

TITLE Dist. Adm. Supr. DATE _____

(This space for Federal or State office use)

APPROVED BY

David J. Miller

TITLE Area Manager DATE _____

CONDITIONS OF APPROVAL IF ANY:

*See Instructions on Reverse Side

Amos

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