

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 ☐ gas ☒ other2. NAME OF OPERATOR
Amoco Production Company3. ADDRESS OF OPERATOR
501 Airport Drive Farmington, NM 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1740' FNL & 880' FEL, Section 35,
AT TOP PROD. INTERVAL: Same T32N, R15W
AT TOTAL DEPTH: Same16. 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) Change of Plans			

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.)*

Please be advised that Amoco Production Company will not drill the subject well as planned. In a telephone conversation on 11/2/79 between Mr. Gary Munson of Amoco Production and Mr. Carl Barrick of the USGS, Mr. Munson advised Mr. Barrick of this change.

5. LEASE
M00-C-1420-1735

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ute Mountain Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mountain Ute Tribal "D"

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SE/4 NE/4 Section 35, T32N, R15W

12. COUNTY OR PARISH 13. STATE
San Juan New Mexico

14. API NO.
30-045-23542

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6617' GL

(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 E. E. SVOBODA TITLE Dist. Adm. Supr. DATE 11/7/79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

FIVE

NOV 09 1979