	Budget Bureau No. 42-R1424			
	5. LEASE			
	NM-019414			
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
	7. UNIT AGREEMENT NAME: 5 3 3 2 2			
ent	그 병원하게 되는 병원 회사			
	8. FARM OR LEASE NAME			
	Stanolind Gas Com "C" 3 =			
	9. WELL NO			
	10. FIELD OR WIEDCAT NAME			
	Blanco Mesaverde/Basin Dakota			
	11. SEC., T., R., M., OR BLK. AND SURVEY OR			
17	AREA 항공설을 잘 항공꾸다			
	NW/4, SE/4, Section 17, T32N, R			
	12. COUNTY OR PARISH 13. STATE			
	San Juan The San NM The			
	14. API NO. 프롬프를 이모. 결류특히			
E,	30-045-23779 33-18			
	15. ELEVATIONS (SHOW DF, KDB, AND WD)			
	6023 GL			
	S S S S S S S S S S S S S S S S S S S			
	1 8 2 2 2 2			
	(NOTE: Report results of pulkiple completion pyzone			
•	change on Form 9930)			

DEPARTMENT OF THE INTERIOR	5. LEASE NM-019414		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME		
1. oil gas 🔀 other	Stanolind Gas Com "C"		
2. NAME OF OPERATOR	9. WELL NO. 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Amoco Production Company 3. ADDRESS OF OPERATOR	Blanco Mesaverde/Basin Dakota		
501 Airport Drive, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1820' FSL x 1590' FEL AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/4, SE/4, Section 17, T32N, R12W 12. COUNTY OR PARISH 13.5 STATE San Juan 14. API NO. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-045-23779		
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) SUBSEQUENT REPORT OF: ABANDOR OF AMDROVAL TO: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: ABANDOR OF AMDROVAL TO: SUBSEQUENT REPORT OF: SUBSE	(NOTE: Report results of putcher completion or some change on Form 9 330.)		
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d 	e all pertinent details, and give pertinent dates,		

measured and true vertical depths for all markers and zones pertinent to this work.)*

Completion operations commenced again on 8-9-80. Total depth of the well is 6915' and plug back depth is 6446'. Perforated interval 6032-6082' with 2 SPF, a total of 100, .38" holes. Sand water fraced with 60,000 gal of frac fluid and 143,500# 20-40 sand. Landed 2-3/8" tubing at 6075. S_{wabbed} the well and released the rig on 8-20-80.

Subsurface Safety Valve: Manu. and Type	· · · · · · · · · · · · · · · · · · ·	Set @ Ft.		
18. I hereby certify that the foregoing is to			- 	
Signed Signed 37	TITLE Dist. Adm. Supvr.	DATE	9-10-80	· .
	(This space for Federal or State office use)		나 선생님 등록 보다 함께 보다 살다.	
APPROVED BY TED FGS SECURIOR CONDITIONS OF APPROVAL, IF ANY: SEP 1 5 1980	TITLE	_ DATE _		