5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

MSTRICT,

BA

DEPARTMENT OF THE	. INTERIOR	1-22-IND-619
GEOLOGICAL SU	RVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
		Ute Mountain Tribe
SUNDRY NOTICES AND REP	PORTS ON WELLS	7. UNIT AGREEMENT NAME Develope Contra
(Do not use this form for proposals to drill or to d reservoir. Use Form 9-331-C for such proposals.)	leepen or plug back to a different	No. 14-20-604-62
reservoir. Use Form 9-331-C for such proposals.		8. FARM OR LEASE NAME
1. oil gas well other		Ute Indians A 9. WELL NO.
Well — Well office.		21
2. NAME OF OPERATOR AMOCO PRODUCTION COMP	ΡΔΝΥ	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	71111	Ute Dome Dakota
501 Airport Drive, Fa	erminaton. NM	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATI		AREA NE/4 NE/4-Section 34
below.) 935' FNL x 980' FEL		T32N, R14W (3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
AT SURFACE: AT TOP PROD. INTERVAL: Same		12. COUNTY OR PARISH 13. STATE 3. NM:
AT TOTAL DEPTH: Same		14. API NO. 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4 14. 4
16. CHECK APPROPRIATE BOX TO INDIC	CATE NATURE OF NOTICE.	30-045=24608 \$ \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
REPORT, OR OTHER DATA	o/(12 1)/(10 (10)/(02)	15. ELEVATIONS (SHOW DF, KDB, AND WD)
		59471 GL 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
·	BSEQUENT REPORT OF:	FOR
TEST WATER SHUT-OFF	片	A RILLI
SHOOT OR ACIDIZE		
REPAIR WELL		(NOTE: Report results of multiple completion of lone
PULL OR ALTER CASING MULTIPLE COMPLETE		change on Form 9–330.)
CHANGE ZONES	<u> </u>	The second of th
ABANDON*		
(other) Spud and Set Casir	19	
including estimated date of starting a measured and true vertical depths for udded a 12 1/4" hole on 1-31-8 sing at 295' on 1-31-81, and o	ny proposed work. If well is dall markers and zones pertiner BI, and drilled to 2 cemented with 300 sx at was circulated to I/2" production cas B" neat cement conta 8% fluid loss additi	of class "B" neat cement the surface. Drilled a 7 7/8" ing at 2623 on 2-5-81, and ining 50/50 POZ, 6% gel, 2# ve. This was tailed in with
		Inculated for the surface.
Subsurface Safety Valve: Manu. and Type		
Subsurface Safety Valve: Manu. and Type		
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true. Signed By SIGNED	ue and correct TITLEDIST. Admin. S	Set @Ft.
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true: Signed By SIGNED	TITLEDIST. Admin. S	Set @Ft. Sudvr.DATE 2-11-81 fice use)
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true: Signed By SIGNED	ue and correct TITLEDIST. Admin. S	Set @Ft. SuDVr.DATE 2-11-81

*See Instructions on Reverse Side