

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Tribal 396
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache Tribe
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1950' FSL X 980' FEL	8. FARM OR LEASE NAME Jicarilla Tribe 396
14. PERMIT NO.	9. WELL NO. 9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7445' GR	10. FIELD AND POOL, OR WILDCAT West Lindrith Gallup-Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/SE Sec. 7, T23N, R3W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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JUL 11 1984

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input checked="" type="checkbox"/>		

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 requests approval to change the access road for the subject well because the original access was too steep. Please see vicinity map attached showing new access road.

RECEIVED
SEP 10 1984
OIL CON. DIV.
DIST. 3

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

SIGNED Original Signed By B. D. Shaw TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCU

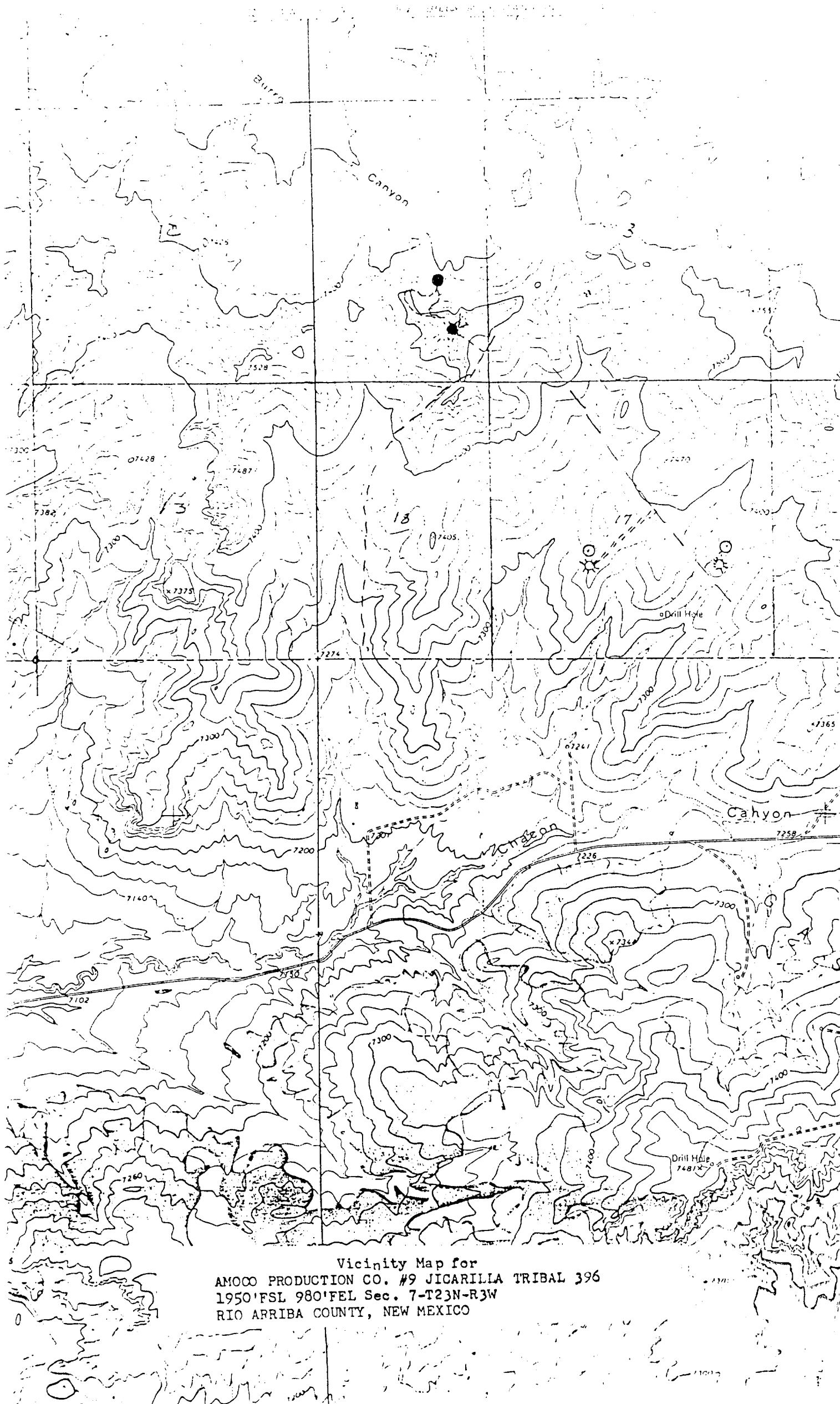
*See Instructions on Reverse Side

APPROVED

DATE SEP 07 1984

/s/ J. Stan McKee

AREA MANAGER
FARMINGTON RESOURCE AREA



Vicinity Map for
AMOCO PRODUCTION CO. #9 JICARILLA TRIBAL 396
1950'FSL 980'FEL Sec. 7-T23N-R3W
RIO ARriba COUNTY, NEW MEXICO