

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. LEASE DESIGNATION AND SERIAL NO. Jicarilla Tribal 396	
2. NAME OF OPERATOR Amoco Production Company		7. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR 501 Airport Drive Farmington, NM 87401		8. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2140' FSL X 870' FEL		9. FARM OR LEASE NAME Jicarilla Tribal 396	
14. PERMIT NO.		9. WELL NO. 7	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7363' GR		10. FIELD AND POOL, OR WILDCAT West Lindrith Gallup-Dakota	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/SE Sec. 17, T23N, R3W	
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.)*		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Completion	<input checked="" type="checkbox"/>

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

The following completion work was also done on the subject well before the rig was released on 9-10-84. (See sundry dated 9-28-84.)

Perforated the following intervals 6452'-6416', 6376'-6320', 6280'-6180', 1 jspf, .45" in diameter, for a total of 192 holes. Fraced Gallup interval 6180'-6452' with 144,000 gal 30# gel and 176,000 # 20-40 sand.

RECEIVED
JAN 17 1985
OIL & GAS DIV.
DIST. 3

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

SIGNED Original Signed By
B. D. Shaw

TITLE Admin. Supervisor

DATE 11-2-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

NOV 09 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY Sm