

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-58134
2. NAME OF OPERATOR Amoco Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2325 E. 30th St. 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 2000 FNL X 790' FWL		8. FARM OR LEASE NAME Badland State Island
14. PERMIT NO. API # 30-039-24318		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7356' GR		10. FIELD AND POOL, OR WILDCAT Undesignated <i>Marcos</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SWNW Sec 3 T23N R1W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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

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) additional completion	<input checked="" type="checkbox"/>		<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.)*

Service rig moved in 12-13-88. Land tubing at 6507 ft. Anchor set at 6108 ft with 16000 lb tension; nipple down BOP and nipple up wellhead. Run pump and rods to 6084 ft. Service rig released at 1230 hr 12-17-88.

RECEIVED
OILY MAIL ROOM
89 JAN -3 PM 1:35
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

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

SIGNED K.K. Stratton TITLE Adm Supervisor DATE 12-29-88
(This space for Federal or State office use)

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

*See Instructions on Reverse Side