

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"/>	5. LEASE DESIGNATION AND SERIAL NO. <u>nm 58134</u>
2. NAME OF OPERATOR <u>Amoco Production Co.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>2325 East 30th St., Farmington, nm 87401</u>	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 <u>2000' FNL X 790' FWL</u>	8. FARM OR LEASE NAME <u>Badland State Federal</u>
	9. WELL NO. <u>1</u>
	10. FIELD AND POOL, OR WILDCAT <u>Undesignated Gallup</u>
	11. SEC., T./R., M., OR BLK. AND SURVEY OR AREA <u>SWNW Sec 3 T23N R1W</u>
14. PERMIT NO. API No. <u>30-039-24318</u>	12. COUNTY OR PARISH <u>Rio Arriba nm</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7356' GR</u>	13. STATE

16. 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"/>	

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) <u>Additional Completion</u> <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 1-9-89. rattle up on well head and unscrew pump. Release anchor and install SOP and rods. Rig released 1-11-89.

RECEIVED

FEB 01 1989

OIL CON. DIV
DIST. 3

ACCEPTED FOR RECORD

JAN 26 1989

FARMINGTON RESOURCE AREA

BY KK

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

SIGNED K-K Shotton TITLE Adm. Supervisor DATE 1-19-89

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side