

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR

Amoco Production Co.

ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N M 87401

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface 990' FSL x 790' FEL

PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, CR, etc.)

6881' GR

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Contract 148

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Contract 148

9. WELL NO.

17 Y

10. FIELD AND POOL, OR WILDCAT

West Lindrith Gallup-Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SE/SE Sec 15, T25N, R5W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Additional Completion ☒

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

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 perti-
nent to this work.)*

Moved in and rigged up service unit on 9-3-85. Ran pump and rods.
Released the rig on 9-5-85.

OCT 07 1985

OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED *SS [Signature]*

TITLE District Adm. Supervisor DATE 9-23-85

(Use space for Federal or State office use)

PROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC