

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. Jicarilla Apache A	
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, New Mexico 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 790' FSL x 1770' FWL		8. FARM OR LEASE NAME Jicarilla Apache A 118	
14. PERMIT NO.		9. WELL NO. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7357' GR		10. FIELD AND POOL, OR WILDCAT Gallup, NM, Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/SW Sec. 36, T26N, R3W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Completion <input checked="" type="checkbox"/>	
(Other) <input 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.)*

Moved in and rigged up service unit 10-18-84. Total depth of the well is 8437' and plugback depth is 8348'. Pressure tested production casing to 3800 psi. Perforated the following Dakota intervals: 8148'-8126', 8200'-8192', 8302'-8272', 8246'-8232', 2jspf, .44" in diameter, for a total of 148 holes. Fraced Dakota interval 8126'-8302' with 73,275 gal 20# gelled water and 105,000# 20-40 mesh sand.

Perforated the following Gallup intervals: 7532'-7510', 7510'-7310', 7300'-7150', 1j sp 2f, .44" in diameter, for total of 186 holes. Fraced Gallup interval 7150'-7532' with 111,384 gal 20# gelled water and 54,000 # 20-40 sand. The well screened off. Refraced the Gallup interval 7150'-7532' with 140,000 gal 30# gelled water and 145,000# 20-40 sand.

Landed 2-3/8" tubing at 8292' and released the rig on 12-14-84.

RECEIVED
JAN 28 1985
OIL CON. DIV.
DIST. 3

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

SIGNED B. D. Shaw

TITLE Administrative Supervisor

DATE 1-5-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 2-2-1985

FARMINGTON RESOURCE AREA

RV

*See Instructions on Reverse Side