

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0155
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 - 66506</u>
2. NAME OF OPERATOR <u>Amoco Production Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>2325 East 30th Street Farmington, NM 87401</u>		7. UNIT AGREEMENT NAME <u>Bear Canyon Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1820' FSL x 970' FWL</u>		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. <u>3</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7353' GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat Dakota and Gavilan Mancos Extension</u>
		11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA <u>NW/4 Sec 11, T26N, R2W</u>
		12. COUNTY OR PARISH <u>Rio Arriba</u>
		13. STATE <u>NM</u>

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"/>	PEEL 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 PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

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 checked="" type="checkbox"/>
(Other) <u>Additional Completion</u>	<input type="checkbox"/>		<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 on 5-2-88. Adjusted weights on pump unit. Laid flow lines to hook up test separator and tanks. Released on 5-2-88 and put well on pump test.

RECEIVED
CLERICAL ROOM
68 MAY 13 PM 2:13
FARMINGTON FIELD OFFICE
FARMINGTON, NEW MEXICO

RECEIVED

MAY 31 1988

OIL CON. DIV.
DIST. 3

ACCEPTED

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

SIGNED

BS Shaw

TITLE Adm Supervisor

DATE May 11, 1988

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

BY

DATE

CONFIDENTIAL

*See Instructions on Reverse Side

NMOCO