

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse 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.)

<p>1. <input type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input type="checkbox"/> OTHER    Wildcat</p> <p>2. NAME OF OPERATOR Amoco Production Company</p> <p>3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1800' FNL x 1650' FWL</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-5507</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Navajo Tribal AH</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/NW Sec. 10 T25N, R17W</p> <p>12. COUNTY OR PARISH    13. STATE San Juan                    NM</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)  5520' KB</p>	

**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) <u>Completion</u> <input 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 on 5-7-84. Total depth of the well is 10,100' and plugback depth is 5,400'. Pressure tested production casing to 2800 psi. Perforated the following intervals: 4578'-4538', 4507'-4487', 4476'-4460', 4400'-4360', 3616'-3606', 3598'-3540', 3496'-3490', 4 jspf, .38" in diameter, for a total of 760 holes. Spotted 53 cu.ft. Class "B" Neat cement from 4280'-4158'. Set retainer at 3520' and sting into retainer at 3520'. Cement squeeze Gallup interval 3598'-3540' and 3616'-3606' with 65 cu.ft. of Class "B" Neat. Prepare to PXA on 05-24-84. Set 1st plug at 3374' with 43 cu.ft. Class B Neat cement. Set 2nd plug at 2687' with 43 cu.ft. Class B neat cement. Set 3rd plug at 375' with 86 cu. ft. Class B Neat cement. All plugs separated with 9.2 ppg mud on 05/25/84. Weld up PXA marker.

This sundry is in response to your certified letter 3100 (016) dated June 6, 1984.

**CONFIDENTIAL**

RECEIVED  
JUN 21 1984  
CLERK

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

SIGNED Original Signed By                    TITLE Administrative Supervisor                    DATE June 11, 1984  
B. D. Shaw

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD

JUN 19 1984

**NMOCC**

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV Smm