| | D STATES SUBMIT IN THE OF THE INTERIOR Verse side) | |
|---|--|--|
| , — — | AND MANAGEMENT | 14-20-603-5034 |
| | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 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.) | | |
| I. OIL GAS [] | | ", UNIT AGREEMENT NAME |
| WELL X WELL OTHER 2. NAME OF OPERATOR | | E. FARM OR LEASE NAME |
| | | Navajo Tribal U |
| Amoco Production Company 3. ADDRESS OF OPERATOR | | {. WILL NO. |
| 501 Airport Drive, Farming | on. NM 87401 | 29 |
| 4. LOCATION OF WELL (Report location clearly and | in accordance with any State requirements. | 10. FIELD AND POOL, OR WILDCAT |
| See also space 17 below.) At surface | in the same of the | Pennsylvania "D" |
| 800' FSL X 2475' FWL | JUL 1 1 1934 | 11. SHC., T., R., M., OR BLK. AND SURVEY OR AREA |
| | PARTALL OF LAND BALLS | SE/SW Sec. 15, T26N, R18W |
| 14. PERMIT NO. 15. ELEV | VATIONS (Show whether pr. AT, TUR. etc.) ESOURCE | 12. COUNTY OR PARISH 13. STATE |
| | 5749' GR | San Juan NM |
| 16. Check Appropriat | te Box To Indicate Nature of Notice, R | eport, or Other Data |
| NOTICE OF INTENTION TO: | 1 | SUBSEQUENT REPORT OF: |
| | | |
| FRACTURE TREAT TEST WATER SHUT-OFF PULL OR AL | COMPLETE FRACTURE TREAT | |
| SHOOT OR ACIDIZE ABANDON* | SHOOTING OR AG | |
| REPAIR WELL CHANGE PL | | l and Set Casing |
| (Other) | (NOTE: R | eport results of multiple completion on Well n or Recompletion Report and Log form.) |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Coproposed work. If well is directionally drillenent to this work.)* | Clearly state all pertinent details, and give per | tinent dates, including estimated date of starting any it true vertical depths for all markers and zones perti- |
| Pressure tested casing to 8-5/8", 24#, K-55 casing a 2# med tuf plug per SX and casing to 2000 psi. Drill 15.5#, J-55 casing at 6592 | led a 7-7/8" hole to a TD of 2'. Cemented with 1,970 cu. 1 in with 177 cu. ft. Class I | ole to 1507' on 5-29-84. Set cu. ft. Class B, 4% gel, Class B Neat. Pressure tested 6592' on 6-10-84. Set 5-1/2", |
| | | e e e e e e e e e e e e e e e e e e e |
| 8. I hereby certify that the forsolined Bynd Signed Bynd Signed B. D. Shaw | TITLE Adm. Supervisor | DATE 7-9-84 |
| (This space for Federal or State office use) | TITLE | ACCEPTED FOR RECORD |
| APPROVED BY | | JUL 1 2 1984 |
| ŧ | NMOCC *See Instructions on Reverse Side | FARMINGTUM RESOURCE AREA |