

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Amoco Production Co.

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1840' FNL x 1150' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5700' GR

5. LEASE DESIGNATION AND SERIAL NO.

I-149-IND-8479

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.

146E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota/Undes. Gallup

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

SE/NE Sec. 6, T27N, R12W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

16. 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) Extension of APD

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Amoco Production Company requests an extension of the APD for the above referenced well.

Approval extended until October 3, 1986.

RECEIVED

MAR 28 1986

OIL CON. DIV.
DIST. 3

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

SIGNED

BS Shaw

TITLE

Adm. Supervisor

DATE

APPROVED

AS AMENDED

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

MAR 25 1986

CONDITIONS OF APPROVAL, IF ANY:

Original Signed _____
FOR AREA MANAGER

*See Instructions on Reverse Side

NMOCC