

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-C135
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	3. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Co.	8. FARM OR LEASE NAME C.A. Mc Adams "B"
4. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N.M. 87401	9. WELL NO. 1E
10. FIELD AND POOL, OR WILDCAT Basin Dakota	11. SEC., T., R., M., OR BLM, AND SURVEY OR AREA SW/SW Sec 28, T27N, R10W
12. COUNTY OR PARISH San Juan	13. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether in ft., m., or sec.) 6060' GR.

RECEIVED
JUN 12 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

1. WATER SHUT-OFF	2. FILL OR ALTER CASING	3. WATER SHUT-OFF	4. REPAIRING WELL
5. RE-KEY	6. MULTIPLE COMPLETE	7. FRACTURE TREATMENT	8. ALTERING CASING
9. PLUG BACK	10. ABANDON*	11. SHOOTING OR CHIPPING	12. ABANDONMENT*
13. CHANGE PLAS	14. OTHER		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

15. (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 approval to change the proposed casing program on the above referenced well and to dual complete the well in the Basin Dakota and the Angles Peak Gallup. The casing program will be changed to the following.

Size of Hole	Casing Size	Weight	Depth	Quantity of Cement
11-1/4"	9-5/8"	32.3#, H-40	300'	354 c.f. Class B
8-3/4"	7"	23#, K-55	6590'	1510 c.f. Class B

JUN 18 1985
OIL CON. DIV.
DIST. 3

APPROVED
JUN 18 1985
M. MILLENBACH
AREA MANAGER

I hereby certify that the foregoing is true and correct

SIGNED

BDS Haw

TITLE Adm. Supervisor

DATE 6/5/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCG

