Form 3160-5
December 1989

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.: SF-078902a

6. If Indian, Allottee or Tribe Name:

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation: Gallegos Canyon Unit

1. Type of Well: ☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.: 247E

2. Name of Operator: Amoco Production Company Attn: John Hampton

9. API Well No.: 30-045-26335

3. Address and Telephone No.: P.O. Box 800, Denver, Colorado 80201

10. Field and Pool, or Exploratory Area: Basin Dakota/Undes. Gallup

4. Location of Well (Footage, Sec., T., R., M., or Survey Description): 1050' FSL & 1090' FEL Sec. 5, T27N-R13W

11. County or Parish, State: San Juan, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☒ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☐ Other	

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

13. 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.)*

1. Kill Well with 2% KCL.
2. Tag fill at 5977.
3. Circ. 160 BBLS 2% KCL.
4. Fill Casing with 2% KCL and Water Pr. test to 950 psi. Held, 15 min.
5. Release Packer.
6. Log 5496-5968 (GR).
7. No casing leak detected; swabbed well and return to productio

Any questions please contact Cindy Burton @ 830-5119.

ACCEPTED FOR RECORD
JUL 24 1990
FARMINGTON RESOURCE AREA
BY

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

Signed: J.L. Hampton/CB Title: Sr. Staff Admin. Supv. Date: 7/10/90

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

NMOCD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent