

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 to change the direction of a well.  
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		AUG 29 1985	
2. NAME OF OPERATOR Amoco Production Co.		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N.M. 87401		8. FARM OR LEASE NAME Day Gas Com	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 790' FSL X 790' FWL		9. WELL NO. 1E	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 5778' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/SW Sec. 7, T28N, R10W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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 6-7-85. Total depth of the well is 6573' and plugback depth is 6528'. Cleaned out 40' of sand fill to plugback depth with nitrogen foam. Landed 2-3/8" tubing at 6480' and released the rig on 6-10-85.

RECEIVED  
SEP 03 1985  
OIL CON. DIV.  
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED BDS Shaw TITLE Adm. Supervisor

DATE 8-27-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE 1985

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY [Signature]