

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-080844

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

T.L. Rhodes "C"

9. WELL NO.

2E

10. FIELD AND POOL, OR WILDCAT

Basin Dk/Simpson Gallup

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

SE/SW Sec. 30, T28N, R11W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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 Company

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

210' FSL x 2340' FWL

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

14. PERMIT NO.

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

6000' GR

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) Casing change

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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 approval to change the casing program from 8-5/8", 24#, J-55 to 9-5/8", 32.3#, H-40 and from 4-1/2", 10.5#, K-55 to 7", 20#, K-55.

OIL CON. DIV.  
DIST. 3

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

SIGNED

Original Signed By  
B. D. Shaw

TITLE Administrative Supervisor

DATE 12/10/84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 12/10/84

[Signature] J. Stan McKee

\*See Instructions on Reverse Side